

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 16 1936

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township .. Primary Registration District No. 3099

City CAPE GIRARDEAU (No. 120, 4th St)

File No. 47886

Registered No. 80

St. .. Ward ..

2. FULL NAME

(a) Residence, No. 120 4th St St. .. Ward ..

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ..

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..
10. Date deceased last worked at this occupation (month and year) .. 11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

MOTHER FATHER 13. NAME Herman Macke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londonville Mo.

15. MAIDEN NAME Lillian Swift

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londonville Mo.

17. INFORMANT (ADDRESS) Herman Macke Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE .. DATE Mar 6, 1936

19. UNDERTAKER (ADDRESS) ..

20. FILED 3-5 1936 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 3-5, 1936

I last saw him on 3-5, 1936. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset ..

Other contributory causes of importance: ..

Name of operation .. Date of ..
What test confirmed diagnosis? .. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .. Date of injury .., 19..

Where did injury occur? .. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ..

Manner of injury ..
Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ..

(Signed) W. A. Schaefer, M. D.
(Address) Cape Girardeau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

