

FEB 16 1937

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

Do not use this space.

454

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129 File No. _____
Township TT Primary Registration District No. 3009 Registered No. 11
City Cape Girardeau (No. _____, St. Francis Hospital St. _____ Ward)

2. FULL NAME Janice Ann Case

(a) Residence, No. 219 South Pacific 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 Female 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) Oct. 31st, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 13

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) Cape Girardeau, Mo. (STATE OR COUNTRY)

13. NAME Carl Case

14. BIRTHPLACE (CITY OR TOWN) Gravette, Ark. (STATE OR COUNTRY)

15. MAIDEN NAME Bertha Thomure

16. BIRTHPLACE (CITY OR TOWN) Oran, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. & Mrs. Carl Case (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemt. DATE Jan. 16, 1937

19. UNDERTAKER Hanan's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 1-14-37 J. L. Simpson Registrar. (Address) Cape Girardeau, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1937, to 1-14, 1937

I last saw him alive on 1-14, 1937. Death is said

to have occurred on the date stated above, at 2:45PM

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

Bronchial pneumonia 1-6-37 (Date of onset)

Other contributory causes of importance: 10/2

Name of operation none Date of _____

What test confirmed diagnosis? Blood count 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) P. A. Ritter M. D.

(Address) Cape Girardeau, Mo.

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

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.

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 123
Township _____ Primary Registration District No. 3009
City Cape Girardeau (No. _____) St. _____ Ward _____

File No. _____
Registered No. 11

2. FULL NAME

Janice Ann Case
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 3-19-37 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Bronchial pneumonia Date of onset _____

and other complications

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) R. A. Ritter, M. D.

(Address) Cape Girardeau

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.

SUPPLEMENTAL

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