

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.

MAR 17 1937

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. 125 File No. 5339  
Township 11 Primary Registration District No. 3009 Registered No. 54  
City 11 (No. St. Francis Hospital) St. 11 Ward

2. FULL NAME

Bill Muse Refugee of Lexington Tenn  
(a) Residence, No. 11 St. 11 Ward Lexington Tenn  
(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't Know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1862

7. AGE YEARS 73 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Know  
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) Don't Know

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Red Cross Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel DATE Feb 13 1937

19. UNDERTAKER (ADDRESS) Harris Funeral Home Cape Girardeau Mo

20. FILED 2-12-37 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 12 1937

I last saw him alive on Feb 12 1937 Death is said

to have occurred on the date stated above, at 7:45 p.m.

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

Lobar Pneumonia Date of onset 2-5-37

Other contributory causes of importance: 108

Name of operation None Date of no

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? no Date of injury no, 19 no

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 no

Nature of injury no

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

