

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape
Township Cape
City Cape

Registration District No. 125
Primary Registration District No. 3009
West Francis Hospital

File No. 11441
Registered No. 86
St. 2 Ward

2. FULL NAME

(a) Residence, No. Fannie Pearce St., Prigatt Ave 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. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Wednesday 1923</u>		
7. AGE	YEARS	MONTHS
<u>13</u>		
		DAYS
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>
	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 William Pearce14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Miss

15. MAIDEN NAME _____

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

17. INFORMANT William Pearce (ADDRESS) _____18. BURIAL, CREMATION OR REMOVAL PLACE Prigatt Ave DATE 3-19 193719. UNDERTAKER W. H. Gaby (ADDRESS) Prigatt Ave20. FILED 3-17-37 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 193722. I HEREBY CERTIFY, That I attended deceased from 3-17 1937, to 3-17 1937I last saw her alive on 3-17 1937. Death is saidto have occurred on the date stated above, at 9:45 P. M.

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

Date of onset

Spinal meningitis, epidemic type 3-15-1937Other contributory causes of importance: 18Name of operation none Date of _____What test confirmed diagnosis? Spinal fluid as 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.

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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801 = Poronissus 1914
Dr. H. C. Ritter