

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 Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 125
Primary Registration District No. 3009

File No. 11448
Registered No. 93
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Southeast No. Hospital
(Usual place of abode)

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2 - 1866

7. AGE YEARS 71 MONTHS _____ DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

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) Indiana

13. NAME J. M. Waggoner

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

15. MAIDEN NAME Isabell Greenough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

17. INFORMANT Allen Reed (ADDRESS) Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE near Madison Ill DATE Mar 25 1937

19. UNDERTAKER Cracraft, Mully - Allen (ADDRESS) _____

20. FILED 3-23 1937 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 1937 to March 23 1937

I last saw him alive on March 23 1937. Death is said to have occurred on the date stated above, at 11 A. m.

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

Carcinoma Cecum Date of onset Not known

Other contributory causes of importance: none

Name of operation for obstruction bowels Date of Mar 22
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? _____
If so, specify _____

(Signed) W. T. Leachman, M. D.
(Address) Jackson 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.

SEARCHED INDEXED SERIALIZED FILED

FEB 19 1964

FBI - MEMPHIS

TO DIRECTOR

FROM MEMPHIS

RE MEMPHIS TELETYPE TO BUREAU FEBRUARY SEVENTEEN LAST

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