

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 Registration District No. 120
Township St. Vincent School Primary Registration District No. 3009
City St. Vincent School

File No. 11450
Registered No. 94
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Marquitt Mary Mudd St. _____ Ward _____
(Usual place of abode) 216 William

Length of residence in city or town where death occurred 14 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to March 23, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1893

I last saw h.w. alive on March 23, 1937. Death is said to have occurred on the date stated above, at 3 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 1 1

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Operator
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 _____

Chronic Myocarditis
Coronary Obliteration
Date of onset _____
Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Sipton mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Lena Mudd

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Red Bud Ill.

15. MAIDEN NAME Anna Becker

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Sipton mo

17. INFORMANT Mrs. Lena Mudd
(ADDRESS) Cape Girardeau mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE 3/25, 1937

19. UNDERTAKER Deivers & Gates
(ADDRESS) Cape Girardeau mo

20. FILED 3-23-37 J. M. Thompson Registrar.

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) J. B. Lloyd 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.

