

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Cape
 Township Cape Girardeau
 City Cape Girardeau (No. 1)

Registration District No. 125

Primary Registration District No. 3009

File No. 19676
 Registered No. 147
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Franklin Hospital Ward _____
 (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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>10</u>	

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) (STATE OR COUNTRY) Chaffee Mo. B.F.D.# 3

13. NAME H. E. Stone

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

15. MAIDEN NAME Blanch Conrad

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

17. INFORMANT (ADDRESS) H. E. Stone Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's DATE May 16 1937

19. UNDERTAKER (ADDRESS) St. Luke's Funeral Home Chaffee Mo.

20. FILED 5-15-37 J. H. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/13 1937 to 5/15 1937

I last saw him alive on 5/15 1937. Death is said to have occurred on the date stated above, at 12:20 P.M.

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

meningitis (secondary) Date of onset _____

Other contributory causes of importance: gastroenteritis

Otitis media - suppurative

Name of operation none Date of _____

What test confirmed diagnosis Spinal fluid 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) J. H. Thompson M. D.

(Address) Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

