

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
Township 1 Primary Registration District No. 3009
City Cape Girardeau (No. 115 8 Spring St) St. Mo Ward 1

File No. 19686
Registered No. 167

2. FULL NAME

Katharine Wanda Hehr
(a) Residence, No. 115 8 Spring St St. Mo Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7

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) Cape Girardeau Mo

13. NAME Don't Know

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

15. MAIDEN NAME Katharine Hehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT (ADDRESS) Max Hehr

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE May 25 1937

19. UNDERTAKER (ADDRESS) Garber F & Co Cape Girardeau Mo

20. FILED 5-20-37 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April-25-37, 1937, to 5/24/37, 1937
I last saw 5/24/37 alive on 5/24/37, 1937 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Icteric Neonatorum.
Specific.
Wasserman Positive.

Other contributory causes of importance: Luetic.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) John P. Pifer M. D.
(Address) Cape Girardeau, Mo

Exact statement of OCCUPATION is very important. PHYSICIANS should state in plain terms, so that it may be properly classified.

31

