

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.

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

Do not use this space.

16 JUL 27 1937

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township St. Francis Hospital Registration District No. 3009
City St. Francis Hospital No. 1 St. 1 Ward 1
2. FULL NAME Matilda C. Mall
(a) Residence, No. 1 St. 1 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)

File No. 23354
Registered No. 190

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lawrence Mall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1965
7. AGE YEARS 71 MONTHS 11 DAYS 03 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Perry Co Mo
13. NAME Edward Maddack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo
15. MAIDEN NAME Mary Maddack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo
17. INFORMANT Vince Mall
(ADDRESS) Silver Lake Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Silver Lake DATE June 17 1937
19. UNDERTAKER Young & Sons
(ADDRESS) Camden Mo
20. FILED 6-15-37 J. B. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1937
22. I HEREBY CERTIFY That I attended deceased from 5/15 1937 to 6-15 1937
I last saw her alive on 6-15 1937 Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of
Stomach
Other contributory causes of importance:
40
Name of operation NONE 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 _____, 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. Thompson, M. D.
(Address) Cape Girardeau

