

JUL 27 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 W
City Cape Girardeau (No. St. Francis Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. 23365
Registered No. 202
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 6 yrs. 22 mos. 22 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-3-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs: or _____ min. 6 22

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

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) Jellmo MO.

13. NAME Clara Harold Knupp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas MO.

15. MAIDEN NAME Mary Lorenz Barham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherton MO.

17. INFORMANT (ADDRESS) Hospital Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6/27 1937

19. UNDERTAKER (ADDRESS) W. S. Plunkoff & Hubbard Jellmo MO.

20. FILED 6-25-37 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/19/37 1937, to 6/25/37 1937. I last saw her alive on 6/25/37 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Colitis
Toxemia
119 B

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____, 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) V. G. Lee M. D.

(Address) Jellmo 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.

