AUG 19 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. 125 File No. 26866
Township Primary Registration District No. 3009 Registered No. 216
City Cape (No. St. Ward)

2. FULL NAME Mrs Cora Stover
(a) Residence, No. Conran St., Mo Ward. Conran, Mo
(Usual place of abode) (If nonresident, give city or town and State)
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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Martin V. Stover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1895

7. AGE YEARS 42 MONTHS 5 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Arkansas

FATHER
13. NAME Jeff Griskill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wk

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mr M. V. Stover

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 7-11-1937

19. UNDERTAKER (ADDRESS) Dick Payne Portageville Mo

20. FILED 7-9 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to June 9th, 1937
I last saw her alive on 7/9, 1937. Death is said to have occurred on the date stated above, at 7/35 a.m.
The principal cause of death and related causes of importance were as follows:

Surgical shock

Date of onset

54B

Other contributory causes of importance:
Fibroid uterus
Removal (surgical)

Name of operation Laparotomy Date of 7/8/37
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) W. H. Wescoat, 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.