

OCT 18 1937

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

Do not use this space.

He *125*
33862

1. PLACE OF DEATH

County *Cape Girardeau*

Registration District No. *125*

File No.

Township *"*

Primary Registration District No. *30094*

Registered No. *280*

City *"*

No. *414*

Good Hope

St.

Ward

2. FULL NAME

J. E. B. Mailler

(a) Residence, No. *414*

Good Hope

St. *"* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 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 *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24, 1866*

7. AGE YEARS *71* MONTHS *3* DAYS *12* If LESS than 1 day,hrs. ormin.

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

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) *Wisconsin*

13. NAME *John L. Mailler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*

15. MAIDEN NAME *Sarah E. Morris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*

17. INFORMANT *Mrs J. E. B. Mailler* (ADDRESS) *Cape Girardeau Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fairmount Cem* DATE *Sept 9th 1937*

19. UNDERTAKER *Walthus Und. Co.* (ADDRESS) *Cape Girardeau Mo.*

20. FILED *9-7-37* *Jim. Thompson* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-18 1937*

22. I HEREBY CERTIFY, That I attended deceased from *9/3* 1937, to *9-6* 1937

I last saw him alive on *9/6* 1937 Death is said to have occurred on the date stated above, at *0:30 a.m.*

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

Coronary Thrombosis
Chronic Pyelitis
Chronic Dyspepsia

Date of onset

Other contributory causes of importance: *131*

Name of operation Date of

What test confirmed diagnosis? 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

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?

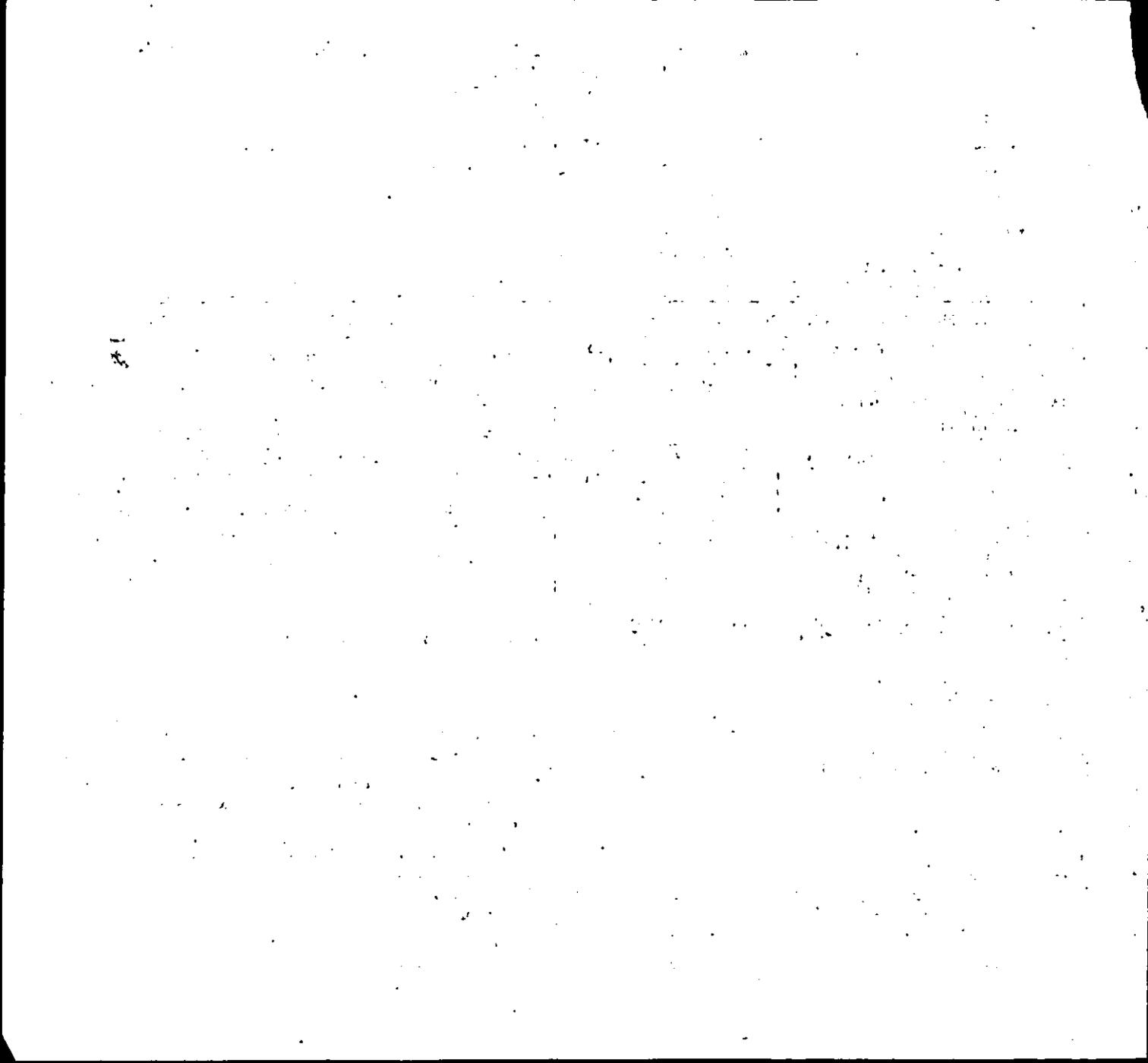
If so, specify

(Signed) *Chas. T. Schubert*, M. D.

(Address) *630 Good Hope*

Cape Girardeau, Mo.

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33862
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township _____ Primary Registration District No. 2009 Registered No. _____
(c) City Cape G (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James B. Miller
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 17

Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

FATHER 13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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)

MOTHER 15. MAIDEN NAME _____

Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

(Signed) Chas. F. Herbert M. D.
Cape Girardeau
(Address) _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 11-23-1937 J. M. Thompson Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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