

NOV 16 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. 1207 File No. 37343  
Township Cape Girardeau Primary Registration District No. 3009 Registered No. 329  
City Cape Girardeau (No. 1) (St. Mo) (Ward) 3

## 2. FULL NAME

(a) Residence, No. Oran, Mo St. Oran Ward. 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10-14</u> , 19 <u>37</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora Day</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>10-9</u> , 19 <u>37</u> , to <u>10-14</u> , 19 <u>37</u> I last saw him alive on <u>10-14</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>11:15 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Lymphatic Leukemia</u> <u>Pneumonia (Bacterial)</u> Other contributory causes of importance: <u>22</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 1879</u>			Date of onset
7. AGE YEARS <u>58</u> MONTHS <u>6</u> DAYS <u>25</u> If LESS than 1 day, ..... hrs. or ..... min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		Date of onset
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lutierville, Mo.</u>			Name of operation..... Date of.....
13. NAME <u>M. M. Day</u>			What test confirmed diagnosis?..... Was there an autopsy?.....
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co, Mo.</u>			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.
15. MAIDEN NAME <u>Letha Jane Baker</u>			Manner of injury..... Nature of injury.....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co, Mo.</u>			24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <u>W. J. Smith</u> , M. D. (Address) <u>Cape Girardeau, Mo</u>
17. INFORMANT <u>Isabel Parks</u> (ADDRESS) <u>Charleston, Mo.</u>			20. FILED <u>10-14-1937</u> by <u>M. Thompson</u> Registrar.
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baker Cem. Lutierville, Mo.</u> DATE <u>Oct 17</u> , 19 <u>37</u>			
19. UNDERTAKER <u>Baker Funeral Home</u> (ADDRESS) <u>Lutierville, Mo.</u>			

Exact statement of OCCUPATION is very important. Do not use this space.

