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

Do not use this space.

1. PLACE OF DEATH

County Cape — Registration District No. 125

Township ~~Cape~~ — Primary Registration District No. 3009

City Cape Girardeau Mo. (No. St. Francis Hospital St. Ward)

File No. 2297

Registered No. 25

2. FULL NAME Lexie Loretta Clubb 410

(a) Residence, No. 825 Maple St. St., Ward.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1938

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

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) Cape Girardeau Mo.

FATHER

13. NAME Vernon Clubb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zlama Mo.

MOTHER

15. MAIDEN NAME Hughie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

17. INFORMANT (ADDRESS) Vernon Clubb Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE 1/23/ 1938

19. UNDERTAKER (ADDRESS) Hamans Funeral Home Cape Girardeau Mo

20. FILED 1-23, 1938 J. M. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1938, to 1/23, 1938

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 1 a.m.

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

Date of onset

Stillborn

Other contributory causes of importance:

Premature Labor

Name of operation(s) 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.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Duff, M. D.

(Address) Cape Girardeau Mo

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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

1121