

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

Do not use this space.

1. PLACE OF DEATH
 16 County Cape Registration District No. 120
 Township Cape Primary Registration District No. 5178
 City Cape Girardeau Mo. (No. # R. F. D. #2) St. _____ Ward _____
 2. FULL NAME Ida M. Rouden # 350
 (a) Residence, No. R. D. D. #2 St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 2313
 Registered No. 24

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) Feb. 28, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 10 24

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

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) Memphis Tenn.

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Caroline Rouden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mr. Ed Smith
 (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 1/24/1938

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

20. FILED 1-22-38 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22, 1938

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

I last saw him OR alive on 1/21, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Justie Steer.
Severe Heart Failure
 Other contributory causes of importance: None

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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Ed Smith, M. D.

25. Name of doctor _____ (Address) Cape Girardeau Mo.

26. Nature of injury _____

RECEIVED
FEB 21 1938

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

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