

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
 Township Whitewater
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 124
 Primary Registration District No. 3783

File No. 6301
 Registered No. 5

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4, 1938</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		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. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) Year Millersville
 (STATE OR COUNTRY) Mo.

13. NAME F. E. Anderson

14. BIRTHPLACE (CITY OR TOWN) Year St. Genevieve
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Cassie Rupp

16. BIRTHPLACE (CITY OR TOWN) Bollinger Co.
 (STATE OR COUNTRY) Mo.

17. INFORMANT F. E. Anderson
 (ADDRESS) Millersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mo
 PLACE Edgewoodville DATE Feb 5 1938

19. UNDERTAKER Grange Union Allen
 (ADDRESS) Jackson, Mo.

20. FILED 8-5 1938 B. G. Suber
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1938

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:

_____ Date of onset _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

