

REC'D MAR 15 1938

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

Do not use this space.

6311

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124File No. 3009Township "Primary Registration District No. "Registered No. 49City "(No. ") Southeast HospitalSt. "Ward "2. FULL NAME Hallie Evelyn Lynn 500(a) Residence, No. Bragg City Mo St. " Ward Bragg City, 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 Female 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 OFHubert Lynn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 19207. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Pascola Mo13. NAME C. J. Edwards.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Hallie Camron.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Hubert Lynn
(ADDRESS) Bragg City, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthsville Mo DATE Feb 10 193819. UNDERTAKER Brinkopf Howell
(ADDRESS) Cape Girardeau Mo20. FILED 2-8-38 J. M. Thompson
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1938 .1922. I HEREBY CERTIFY, That I attended deceased from Feb 7 1938, 19....., to Feb 8 1938, 19.....I last saw her alive on Feb 8 1938, 19..... Death is saidto have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:Uremia
Heart depression et
Physiologic of pregnancy
14615-

Date of onset

2-8-381-8-381-8-38

Other contributory causes of importance:

1 mo pregnancy

Name of operation..... 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.

Manner of injury.....

Nature of injury.....

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

If so, specify.....

(Signed) J. M. Thompson, M. D.(Address) Cape Girardeau Mo

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.

NOV 14 1947