REC'D APR 18 1938

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

Do not use this space.

10354

1. PLACE OF DEATH
County Cape
Township ~~Cape~~
City Cape Gir., Mo. (No. , So. East Mo. Hosp. St. Ward)

Registration District No. 124
Primary Registration District No. 3009

File No.
Registered No. 99

2. FULL NAME George Propst 612
(a) Residence, No. 1006 No. Spanish 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. II, 1861

7. AGE: YEARS 76 | MONTHS 6 | DAYS 19 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Bollinger Co., Missouri

FATHER
13. NAME: Jacob Propst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co., Missouri

MOTHER
15. MAIDEN NAME: Middleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs. McClard, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hobbs Chap. Cem. DATE Apr. 1 1938

19. UNDERTAKER (ADDRESS): Haman's Funeral Home, Cape Girardeau Mo.

20. FILED 3-30 1938 J. M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to Mar. 30, 1938
I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis 93B1 | Oct. 1937 |

Other contributory causes of importance: asthma, Bronchial unknown.

Name of operation None. Date of —
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify
(Signed) Frank W. Hall, M. D.
(Address) Cape Girardeau

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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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr Hall