

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

Township

Primary Registration District No. 3009City Cape Girardeau (No.)File No. 14247Registered No. 122

St. Ward)

2. FULL NAME Miss Mamed(a) Residence, No. 908 N. Main St. Ward. 162

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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) April 19 - 387. AGE 0 YEARSMONTHS 0DAYS 0If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

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

0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

010. Date deceased last worked at this occupation (month and year) 011. Total time (years) spent in this occupation 012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo13. NAME George Sparks14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Lillie Pender16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Jessie Struble Cape Girardeau Mo.

18. BURIAL, CREMATION OR REMOVAL

Cape Girardeau Mo. DATE April 19 193819. UNDERTAKER (ADDRESS) Benneth Struble, Son Cape Girardeau Mo.20. FILED 4-19-38J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 193822. I HEREBY CERTIFY, That I attended deceased from April 19 1938, to April 19 1938I last saw him ~~her~~ on April 19 1938. Death is said to have occurred on the date stated above, at mo.

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

Stillborn Premature (Fmo)

Date of onset

Other contributory causes of importance:

Mother had smallpox 3 weeks ago

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? NO

If so, specify _____

(Signed) W. A. Schwan, 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.

