

REC'D MAY 18 1938

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

14249

Do not use this space.

1. PLACE OF DEATH Cape
(a) County Cape Registration District No. 1245
(b) Township Cape Primary Registration District No. 3009 Registered No. 124
(c) City Cape Girardeau, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Carolina Meyers
(a) Residence, No. 645 South Henderson St. St. (If nonresident, give city or town and State)

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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bud Meyers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 I 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934, to Apr. 17, 1938
I last saw her alive on Apr. 17, 1938. Death is said to have occurred on the date stated above, at 3:25 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 23-

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) Bollinger Co. Missouri
13. NAME Ben Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Missouri
15. MAIDEN NAME Prishie Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Missouri

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.

17. INFORMANT (ADDRESS) Mrs. Francis Tidwell Cape Girardeau, Mo.
18. BURIAL PLACE OR REMOVAL PLACE Oakridge Cem. Kennett, Mo. DATE 4-21-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haman Funeral Home Cape Girardeau, Mo.
20. FILED 4-19-38 John Thompson Local Registrar. 121

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. M. Meyers, M. D.
(Address) Cape Girardeau, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.