

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Registration District No. 124
 Township Cape Guardian Primary Registration District No. 3009
 City Cape Guardian (No. S.E. Hospital) St. _____ Ward _____

17922

File No. _____
 Registered No. 136

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Advance, 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 7 24

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

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) Advance, Mo

13. NAME Clarence May

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buteville, Mo

15. MAIDEN NAME Sadie Diver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance, Mo

17. INFORMANT Father of child (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Advance, Mo. DATE 5-10 1938

19. UNDERTAKER Thorgan (ADDRESS) Advance, Mo

20. FILED 5-9-38 John Thompson Registrar. 421

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 9, 1938

I last saw her alive on May 9, 1938 Death is said to have occurred on the date stated above, at 11:45 Am.

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

Coronary Insufficiency Date of onset 5-5-38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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) W. Perry, M. D.

(Address) Cape Guardian, 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.

