REC'D JUL 19 1938

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

Do not use this space.

21514

1. PLACE OF DEATH
County Cape
Township Cape
City Cape Girardeau Mo (No. 142 S. Ellis St. St. Ward)
Registration District No. 125
Primary Registration District No. 3009
File No.
Registered No. 177

2. FULL NAME Maude Rouse 206
(a) Residence, No. 142 S. Ellis 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 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 OF John Ro use
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1894
7. AGE YEARS 43 MONTHS 9 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oriola Mo. 1

FATHER
13. NAME John Sands 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.

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

17. INFORMANT John Rouse
(ADDRESS) Cape Girardeau Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimer Cem. DATE 6-26-1938, 19
19. UNDERTAKER L. L. Haman
(ADDRESS) Cape Girardeau Mo.
20. FILED 6-24, 1938 J. M. Thompson Registrar. 121

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 —, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 24, 1938
I last saw her alive on June 24, 1938. Death is said to have occurred on the date stated above, at 6 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the Heart	6/24 1938
93C	
Other contributory causes of importance: Chronic Myocarditis	Do not know

Name of operation 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) George H. Walker, M. D.
(Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Walker