

REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape GirardeauRegistration District No. 125Primary Registration District No. 3009File No. 28526Registered No. 239

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFAlvin Slunkard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 15, 1915

7. AGE

YEARS
23MONTHS
6DAYS
3If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)Aug 15, 193811. Total time (years)
spent in this
occupation312. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Gardenville Mo.

13. NAME

John Grader14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Grader Mo.

15. MAIDEN NAME

Laura Grader16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Gardenville Mo.17. INFORMANT
(ADDRESS)Alvin Slunkard
Delta Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Aug 20, 193819. UNDERTAKER
(ADDRESS)C. C. Crofford
Junction Mo.

20. FILED

8-18-38 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1938, to Aug 19, 1938I last saw her alive on Aug 18, 1938. Death is said
to have occurred on the date stated above, at 2:30 m.

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

Typhoid fever

Date of onset

Aug 1

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic Was there an autopsy? yes23. 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. G. DeLong, M. D.(Address) Gardenville Mo

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

FORM 22-38 I 4891A

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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