

LE'D OCT 19 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  
City Cape Girardeau MO (No. 539)

Registration District No. 125  
Primary Registration District No. 3009  
S. E. Mo. Hospital

File No. 31871  
Registered No. 292  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Ray, Mo. R.R. 7 St. \_\_\_\_\_ Ward. Parma, 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 yr. -

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 9/18/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME unknown. lastname "Wiley"

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Ralson Poidexter (ADDRESS) Parma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma, Mo. DATE Sept. 21 1938

19. UNDERTAKER F. J. Sparks (ADDRESS) 418 North St. Cape Girardeau Mo

20. FILED 9-21-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21<sup>st</sup>, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20<sup>th</sup>, 1938, to Sept 21<sup>st</sup>, 1938

I last saw her alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

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

Acute suppurative Peritonitis  
(Cause undetermined) Date of onset Sept 19/38

Other contributory causes of importance: 179  
Patient was almost moribund when she entered hospital near midnight.  
Name of operation Laparotomy Date of Sept 21/38  
What test confirmed diagnosis? Asymptomatic 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) J. R. Schulz, 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.

