

REC'D OCT 19 1938

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

Do not use this space.

31888

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 1 City Cape Girardeau (No. 1)
Township H. Primary Registration District No. 3009 Registered No. 289
St. Mo. Ward

Cape Gir - Dr. O. L. Seafraugh's Home

2. FULL NAME

(a) Residence, No. Earl B. Sachse - 911 St. Cape Girardeau Ward. -
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Evelyn Sachse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1899

7. AGE YEARS 39 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Appleton Mo

13. NAME A. R. Sachse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Mo

15. MAIDEN NAME Dora Bedwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Tower Ill

17. INFORMANT Evelyn Sachse (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Funeral Home 9/23/38

19. UNDERTAKER Brand & Eddy (ADDRESS) Cape Girardeau

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

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1938, to 9/21, 1938

I last saw him alive on 9/21, 1938 Death is said to have occurred on the date stated above, at 10 m.

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

pericarditis Date of onset 9/20/38

Other contributory causes of importance:

Alleged

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Seafraugh, M. D.

(Address) Cape Girardeau

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.

