

NOV 10 1938

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

35306
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau 2 Registration District No. 121
(b) Township _____ Primary Registration District No. 3909
(c) City Cape Girardeau Mo (d) Street No. Courthouse St. St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 408 WILL BELL _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1893

7. AGE YEARS 45 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Hinton North Carolina

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Patricie Voss

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

17. INFORMANT Mrs. Lulu Bell
(ADDRESS) Tennessee Street, Smithville

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE Oct 3, 1938

19. FUNERAL DIRECTOR (NAME) F. J. Sparks
(ADDRESS) 416 North St. Cape Girardeau Mo

20. FILED 10-1-38 J. H. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Oct 1, 1938
I last saw him alive on Sept 30, 1938 Death is said to have occurred on the date stated above, at 2:01 p.m.
The principal cause of death and related causes of importance were as follows:

Ruber Pneumonia Date of onset 9/25/38
105

Other contributory causes of importance: _____

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 O. Sparks, M. D.
Stape Girardeau (Address) 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

F. J. Sparks

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

F. J. Sparks

Licensed Embalmer No.....

3455

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.