

NOV 20 1938

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

Do not use this space.

35321

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 121 File No. _____
Township 11 Primary Registration District No. 3009 Registered No. 314
City South-east Mo. Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Commerce, Mo.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Cape Girardeau Missouri

13. NAME Louis Tony Kirm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Missouri

15. MAIDEN NAME Luella Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

17. INFORMANT (ADDRESS) Louis Tony Kirm Commerce, Mo.

18. BURIAL, CREMATION, OR REMOVAL North Union DATE Oct. 12 1938

19. UNDERTAKER (ADDRESS) Louis T. Kirm 747 E. 1st

20. FILED 10-11-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-21-1938, to 10-11-1938

I last saw him alive on 10-10-1938 Death is said to have occurred on the date stated above, at 2:15 a.m.

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

Pneumonia Newborn Date of onset 9/11/38
6 1/2 mo.

Other contributory causes of importance: 154

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) J. M. Thompson, 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.

