

NOV 10 1938

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

Do not use this space.

35334

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 134
Township _____ Primary Registration District No. 3009 File No. _____
City Cape Girardeau (No. _____) St. St. Francis Hosp. Registered No. 332
(If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Commerce 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 male 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) July 18, 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 12

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) Cape Girardeau Mo. (STATE OR COUNTRY)

13. NAME Illegitimate

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

15. MAIDEN NAME Isabelle Edmonds

16. BIRTHPLACE (CITY OR TOWN) Benton Mo. (STATE OR COUNTRY)

17. INFORMANT Isabelle Edmonds (ADDRESS) Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakdale Cem DATE 10/31/38

19. UNDERTAKER Raymond Hoff (ADDRESS) Chaffin Ave

20. FILED 10-30-38 St. Francis Hosp. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-38
22. I HEREBY CERTIFY, That I attended deceased from 10-28-38 to 10-30-38
I last saw him alive on 10-30-38. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

60 liters Date of onset _____

Other contributory causes of importance: 1198

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) _____ 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.

