

AGE JAN 9 1930

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

42585
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. St. Francis Hospital
(b) Township St. Francis Primary Registration District No. 3009 Registered No. 391
(c) City St. Francis (d) Street No. _____ 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. 1230 S Ramey Cape Gir. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 9 11
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. Housewife
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) Nashville Tenn.

13. NAME Milton Spence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

15. MAIDEN NAME Alice Curtis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

17. INFORMANT (ADDRESS) Jeff Miswonger 1230 S Ramey Cape Gir.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chan Mo DATE 12/21/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brent Curtis Cape Gir. Mo.

20. FILED 12-19-38 St. Francis Hospital Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec 21 - 1938, to Dec 29 - 1938

I last saw him alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Carcinoma Vaginal Date of onset 11/1/37
Orchitis

Other contributory causes of importance: Broncho pneumonia 12/26/38

Name of operation Bioopsy Date of 10/1/38
What test confirmed diagnosis? Dec 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? _____
If so, specify _____

(Signed) D. B. Black M. D.
Cape Gir. Mo.

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,

W. H. Carter

....., or by

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

Signed..... *W. H. Carter*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau Mo.*

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.