

DEC 9 JAN 9 1938

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

Do not use this space.

42586

1. PLACE OF DEATH

County *Cape*

Registration District No. *125*

Township *Cape*

Primary Registration District No. *3009*

City *Cape Girardeau*

(No. *St. Francis Hospital*)

File No. _____

Registered No. *393*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *207 N. Main* St. *2* Ward. *Chapman*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *8* 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)

Married

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

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

Mar. 12 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1

9

7

OCCUPATION

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

Child

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)

Chaffee Mo.

FATHER

13. NAME

Nergel Alvey

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

Conway Ark.

MOTHER

15. MAIDEN NAME

Lizzie Havin

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

Essex Mo.

17. INFORMANT

(ADDRESS)

Nergel Alvey

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Chapman

19. UNDERTAKER

(ADDRESS)

St. Francis Hospital

20. FILED

12 - 19 1938

MEDICAL CERTIFICATE OF DEATH

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

12/19 1938

22. I HEREBY CERTIFY, That I attended deceased from

12-19 1938 to *12/19 1938*

I last saw him alive on *12/19 1938*. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

Pterygia

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) *W. Smith* 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.

