

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.

10 1938

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

42639
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 129
 (b) Township Shannon Primary Registration District No. 5180
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Agnes C. Bray
 (a) Residence, No. Cape Girardeau Mo. Cape Gir. Co. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>73</u>	<u>6</u>	<u>11</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 12/1/38 11. Total time (years) spent in this occupation Entire

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neely's Landing Mo

13. NAME Ed Cotter 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cork Ireland

15. MAIDEN NAME Leticia Neely 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neely's Landing Mo

17. INFORMANT Ed Bray (ADDRESS) Neely's Capital Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cotter Cem DATE 12/12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haman Funeral H Cape Gir. Mo

20. FILED 12-17, 1938 G. J. Schorn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2d, 1938, to Dec 9th, 1938
 I last saw him alive on Dec 7th, 1938 Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
93 F1

Other contributory causes of importance:
Deep cold

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? Yes
 If so, specify _____ (Signed) O. J. Miller, M. D.
 (Address) Cape Girardeau 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,

....., or by

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

Signed.....

Licensed Embalmer No.....

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.