

REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1870

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 1285
 (b) Township Cape Girardeau Primary Registration District No. 3909
 (c) City Cape Girardeau (d) Street No. St. Francis Cape Girardeau Registered No. 31
 (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. Wardell mo. R.H. St. ☐ Wardell mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1860
 7. AGE YEARS 78 MONTHS 11 DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 11. Total time (years spent in this occupation) Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. P. Chubb
Wardell mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell mo. DATE 1-18-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith
Cape Girardeau mo.

20. FILED 1-17-39 Wardell mo. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) -1-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 11/6, 1939, to 11/7, 1939.
 I last saw him alive on 11/7, 1939. Death is said to have occurred on the date stated above, at 5:50 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral
Stroke
 Other contributory causes of importance: Hb

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

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.