

DEC'D JAN 17 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

124

Township

Rusden

Primary Registration District No.

5177

City

(No.

Jackson Mo. R. F. D.

St.

Ward)

File No.

1890

Registered No.

2

## 2. FULL NAME

656 Lorine Werner

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

11 yrs.

mos.

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)

Single

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

H

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

Dec. 9-1927

7. AGE

YEARS

MONTHS

DAYS

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

11

29

OCCUPATION

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

Single

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

H

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cape Girardeau  
Mo.

FATHER

13. NAME

P. M. Werner

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

MOTHER

15. MAIDEN NAME

Clara Kester

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Friedham  
Mo.17. INFORMANT  
(ADDRESS)P. M. Werner  
Jackson Mo. R. F. D. #2

18. BURIAL, CREMATION, OR REMOVAL

Tilsit Mo.

PLACE

Tilsit Lutheran

DATE

Jan. 10

1939

19. UNDERTAKER  
(ADDRESS)Stubbs Funeral Home  
Chaffee Missouri

20. FILED

1-9 1939

B. G. Hubert

Registrar.

120

(Address)

Chaffee Mo

## MEDICAL CERTIFICATE OF DEATH

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

1-8

1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2nd 1939, to Jan 8- 1939

Last saw her alive on Jan 6th 1939 Death is said

to have occurred on the date stated above, at 3 P. m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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

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)

R. T. Cordrey, M. D.

(Address)

Chaffee 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.

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