

REC'D FEB 21 1939

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

Do not use this space.

1893

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Sharon Primary Registration District No. 5180
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

MOTHER 13. NAME Perry Hitchcock

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

15. MAIDEN NAME Christina Simpson

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

17. INFORMANT Mrs. Myrtle Hitchcock
(ADDRESS) Neelys Landing, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawthorn DATE 2-3 1939

19. UNDERTAKER Crawford Miller
(ADDRESS) Jackson, Mo.

20. FILED 2-3 1939 J. J. Schoss
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1939

22. I HEREBY CERTIFY that I attended deceased from Feb 1 1939, to Feb 2 1939.
I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 7.4 m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage (Date of onset 34)

Other contributory causes of importance:
He had been taking shots for Syphilis for over year
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1939

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) C. R. Schoss, M. D.
(Address) Jackson 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.

JUN 18 1957

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