

REC'D MAR 15 1939

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

Do not use this space.

6108

File No.
Registered No. V-3
St. Ward

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124-1
Township " " Primary Registration District No. 3009
City " " (No. 319, So. Ellis St)

2. FULL NAME

(a) Residence, No. 319 So. Ellis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29th 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 13

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

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

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) Scott Co Mo

13. NAME John Job.

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

15. MAIDEN NAME Dont know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know!

17. INFORMANT (ADDRESS) Miss Louise Frueh Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Feb. 14th 1939

19. UNDERTAKER (ADDRESS) Walthus Und. Co. Cape Girardeau Mo.

20. FILED 2-12-39 J. H. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1936, to 2-12 1939

I last saw him alive on 2-11 1939 Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Cerebral Apoplexy Date of onset 9-20-36
Another stroke of Cerebral Apoplexy 9-21-39
Arterial Sclerosis 9-20-36

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Exam. 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 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? no
If so, specify
(Signed) P. A. Ritter M. D.
(Address) Cape Girardeau 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.

