

DEC'D MAR 15 1939

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

6107
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 2
 (b) Township Cape Primary Registration District No. 3120-3009
 (c) City Cape Girardeau Missouri Street No. 209 Broadway 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

(a) Residence, No. 209 Broadway St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st, 1861

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10⁰⁵A. a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 1 12

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Bronchial Pneumonia Date of onset 10/11/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordsville Missouri

Other contributory causes of importance: arteriosclerosis 15 years steadily following Pneumonia

FATHER 13. NAME Wash Proffer

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 15. MAIDEN NAME Dont Know

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) Marion Proffer Cape Girardeau Missouri

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemetery DATE 2-15-1939

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman 121 Cape Girardeau Missouri

Manner of injury _____

Nature of injury _____

20. FILED 2-13-39 L. L. Haman Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. W. Murphy, M. D.

(Address) Cape Girardeau Mo

Phone 77.

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 *L. L. Haman*

Licensed Embalmer No. *7863*

P.O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.