

DEPT APR 10 1939

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

Do not use this space.

10324

1. PLACE OF DEATH

16 County Cape Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau (St. Francis Hospital) _____

File No. _____
Registered No. 96
St. _____ (Ward)

2. FULL NAME Nellie L. Hines

(a) Residence, No. 121 Black St. 1 Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 6

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

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) March 6 1939 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) Altridga (STATE OR COUNTRY) Illinois

13. NAME H. A. Smith

14. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Jane Larley

16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) Ill.

17. INFORMANT R. A. Hines (ADDRESS) Chaffee No.

18. BURIAL, CREMATION, OR REMOVAL PLACE U. P. Cem. Chaffee DATE Mar. 13 39

19. UNDERTAKER Stubbs Funeral Home (ADDRESS) Chaffee Missouri 121

20. FILED 3-11-39 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-39

22. I HEREBY CERTIFY, That I attended deceased from 3-8-39, to 3-11-39

I last saw him alive on 3-11-39. Death is said to have occurred on the date stated above, at 12:24 m.

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

Surjical shock Date of onset _____

Other contributory causes of importance: Broncho pneumonia 3-2-39

Name of operation Bilateral Salpingo-oophorectomy Date of 3-8-39

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? no 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) J. M. Thompson 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.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10324
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 128-
 (b) Township _____ Primary Registration District No. 3009 Registered No. 96
 (c) City Cape G. (d) Street No. _____ St. _____
 (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 Mellie L. Hipes
 (a) Residence, No. _____ 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 - 6

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

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 _____

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

FATHER 13. NAME _____ 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____ 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1939

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

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

The principal cause of death and related causes of importance were as follows:
Surgeable Shock
Operation performed for a Bilateral Cystic Ovary
by Dr. Delaney - F. M. M. B.
Proch. Pneumonia

Date of onset 3/11

Name of operation Bilateral oophorectomy Date of 3-6-39

What test confirmed diagnosis Serum 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? _____
 If so, specify H. W. Ashley, M. D.
 (Signed) _____ (Address) Cape Girardeau

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 AGE should be stated EXACTLY. PHYSICIANS should state

MAY 1969