

16
1/4
APR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10353
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 1207
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 121
 (c) City Cape Girardeau (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

(a) Residence, No. 651 Grace O. Green St. Mayfield Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elbert Green
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1909
 7. AGE: YEARS 28 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Mayfield Mo. (STATE OR COUNTRY) _____

FATHER 13. NAME Lester Angel _____

14. BIRTHPLACE (CITY OR TOWN) Mayfield Mo. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME White Fulton _____

16. BIRTHPLACE (CITY OR TOWN) Mayfield Mo. (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Elbert Green _____

18. DATE OF REMOVAL OR REMOVAL PLACE April 12 DATE 7/1/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seabough Funeral Home Cape Girardeau

20. FILED 3-31-39 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1939 to 3-31-1939

I last saw her alive on 3-31-1939. Death is said to have occurred on the date stated above, at 8¹⁵ a.m.

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

Diabetic Coma
Diabetes
59

Date of onset 36 mos.
Several yrs.

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Blood sugar _____

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) D. R. R. R., M. D.

(Address) J. M. Thompson

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,

Was Embalmed

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Cliff Estes

Licensed Embalmer No. *3568*

P. O. Address *Cape Gir, Mo*

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

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