

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.

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

Do not use this space.

MAY 12 1939

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125 File No. 14454  
 Township St. James Primary Registration District No. 3009 Registered No. 127  
 City Cape Girardeau, Mo. St. St. James Hospital Ward

**2. FULL NAME**

(a) Residence, No. Sikeston, Mo. St. Sikeston Ward Mo.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1939

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

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

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sikeston, Mo.

13. NAME George Woodrow Zoph

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Maumili, Ill.

15. MAIDEN NAME Ada Tate

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sikeston Township

17. INFORMANT (ADDRESS) George Woodrow Zoph

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE April 1, 1939

19. UNDERTAKER (ADDRESS) George Zoph, Father Sikeston, Mo.

20. FILED 4-1-1939 John Tompkins Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1939, to 4/1, 1939

I last saw him alive on 4/1, 1939 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Prematurity & suspended heart failure

Other contributory causes of importance: 159'

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) Charles J. Hulbert, M. D.

(Address) 630 1/2 Wood Street Cape Girardeau, Mo.

