

REC'D JUN. 19 1939

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

18259
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. St Francis Hosp.
(b) Township White Water Primary Registration District No. 125
(c) City White Water (d) Street No. 3009 Registered No. 188
(e) Length of residence in city or town where death occurred 3.00 yrs. - mos. ds. (f) How long in U. S., if of foreign birth? 12 yrs. - mos. ds.

2. PRINT FULL NAME

(a) Residence, No. White Water, Mo. St. White Water, 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1914
7. AGE YEARS 25 MONTHS 4 DAYS 1 If LESS than 1 day,hrs. ormin.

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. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME J. B. Brown

14. BIRTHPLACE (CITY OR TOWN) White Water, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Ethel McCullough

16. BIRTHPLACE (CITY OR TOWN) White Water, Mo.
(STATE OR COUNTRY)

17. INFORMANT Edwin H. Hoesa
(ADDRESS) White Water

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crematory, Mo. DATE 5/23 1939

19. FUNERAL DIRECTOR (NAME) Geo. Pugh
(ADDRESS) Cape Girardeau, Mo.

20. FILED 5-21-39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1939
22. I HEREBY CERTIFY, That I attended deceased from 6/12 1939 to 6/21 1939.
I last saw him alive on 6/21 1939. Death is said to have occurred on the date stated above, at 10 P.M.

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

Other contributory causes of importance:
Suppurating Appendix

Name of operation Appendectomy Date of operation 5/21/39
What test confirmed diagnosis? Smear 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
(Signed) [Signature], 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.

I X14023

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.....

Licensed Embalmer No.....

P. O. Address.....

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.