

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 JUL 11 1939

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

See also 25274-39
21730
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 121
 (b) Township Cape Girardeau Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. St. Francis Hospital Registered No. 204
 (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 VIOLET SYLVIA HOLLAND
 (a) Residence, No. East Prairie, Mo. St. EAST PRAIRIE 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Travis Holland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 11 1
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keeping house
 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) May 25, 1939 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER
 13. NAME George Bippus
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Indiana
 MOTHER
 15. MAIDEN NAME Ruth Watson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (NAME) Travis Holland
 (ADDRESS) Cape Girardeau, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE W.O.W. DATE June 5, 1939
 19. FUNERAL DIRECTOR (NAME) Travis H. Shelby
 (ADDRESS) East Prairie
 20. FILED 6-4-39 in Hompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5:29 PM to 6-4-39
 I last saw her alive on 6-4-39, 1939 Death is said to have occurred on the date stated above, at 5-18 m.
 The principal cause of death and related causes of importance were as follows:
Chalorystitis
Chalorystitis
 Other contributory causes of importance: 127
 Name of operation Chalorystitis Date of 6/29/39
 What test confirmed diagnosis? Was there an autopsy? Yes
 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) Paul C. ... M. D.
 (Address) Paul C. ...

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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.