

REC'D JUL 11 1939

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

21757

Do not use this space.

**1. PLACE OF DEATH**

(a) County Cape Girardeau Registration District No. 125  
 (b) Township Cape Girardeau Primary Registration District No. 3009  
 (c) City Cape Girardeau (d) Street No. \_\_\_\_\_ St.  
 (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**

(a) Residence, No. 236 Mary Masters St.  Sedgeschwell  St. James Hospital  
 (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1886

7. AGE YEARS 53 MONTHS 4 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 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) Jan 1, 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

FATHER 13. NAME James Blaylock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

MOTHER 15. MAIDEN NAME Susan Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattish Mo.

17. INFORMANT (ADDRESS) Ada Masters Sedgeschwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgeschwell DATE June 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bracegirdle

20. FILED 6-24-39 Jim Thompson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939 to June 24, 1939  
 I last saw her alive on July 24, 1939. Death is said to have occurred on the date stated above, at 4 p.m.

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

Acute peritonitis  9:19  
Psychosis  9:19

Other contributory causes of importance: 133W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. in Hosp. 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? St. James Hosp. Cape Gir.  
 (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) \_\_\_\_\_ M. D.

(Address) St. James Hospital

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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.**