

REC'D SEP 20 1939

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

Do not use this space.

28775

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 200 File No. _____
Township _____ Primary Registration District No. 3009 Registered No. 900
City Cape Girardeau (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence No. Josephine Buchanan Ward. Commerce, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1892
7. AGE YEARS 47 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Viggin (STATE OR COUNTRY) Iowa

13. NAME Abraham Hsey
14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

15. MAIDEN NAME Alice Butts

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT Jessie Buchanan (ADDRESS) Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Commerce Mo. DATE 8/30/39

19. UNDERTAKER Seafangh Fun Home (ADDRESS) Cape Girardeau

20. FILED 30 39 J.M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30 1939
22. I HEREBY CERTIFY That I attended deceased from 8/26 1939 to 8/30 1939
I last saw her alive on 8/29 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

PNEUMONIA
LOBAR
108

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) A. Butts 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.

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

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