

DEC 12 1939

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

39231
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 12-1
(b) ~~Township~~ 11 Primary Registration District No. 3009
(c) ~~City~~ Cape Girardeau (d) Street No. 114 Themis St. Registered No. 404
(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 Clara Wilborn

(a) Residence, No. 114 Themis St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 R.H. Wilborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
70 10 28

OCCUPATION 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) Leora, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Zachriah Goforth

14. BIRTHPLACE (CITY OR TOWN) Washington County, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Robinson

16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

17. INFORMANT R.H. Wilborn (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leora Cemt. DATE Dec. 1, 1939

19. FUNERAL DIRECTOR (NAME) L.L. Haman (ADDRESS) Cape Girardeau, Mo.

20. FILED 11-30, 1939 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 - 1939 to Nov. 30 - 1939
I last saw her alive on Nov. 30, 1939. Death is said to have occurred on the date stated above, at 11:35 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza
Chronic Bronchitis
Date of onset 11-24-39

Other contributory causes of importance:
Chronic Bronchitis

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? no
If so, specify _____
(Signed) John St. Arvit M. D.
Cape Girardeau, Mo. (Address)

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.

WHILE I AM RECORDING THIS IS A PERMANENT RECORD

1 X1680

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.....

L. L. Haman

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.