

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 121
Township 1-1-1 Primary Registration District No. 3009
City Wentzville (No. _____) St. _____ Ward _____

42978

File No. _____
Registered No. 424
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 325 Thimie St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Mienz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Orlando Missouri

13. NAME Dorothy Mabray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Missouri

15. MAIDEN NAME Marie Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing Missouri

17. INFORMANT (ADDRESS) Marcella Mienz Cape Gir, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Gir, Mo. DATE 12-23-39

19. UNDERTAKER (ADDRESS) Seabough Funeral Home Cape Gir, Mo.

20. FILED 12-21-39 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/13 1939, to 12/21 1939

I last saw her alive on 12/20 1939 Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Post Influenzal) (12/10-39) Date of onset 12/13

Other contributory causes of importance: na

Name of operation None Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____

(Signed) George J. Walker M. D.
Cape Girardeau
(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.

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