

FILED MAR 12 1940

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

Do not use this space.

Final
8163

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120
Township " " Primary Registration District No. 3009
City St. Francis Hosp (No. 240)

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 215 No. Frederick St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1854</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>6</u>	DAY <u>3</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1940

22. I HEREBY CERTIFY, That I attended deceased from 1/27 to 2-1
I last saw him alive on 2-1, 1940 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:

Cerebral Hemorrhage
Date of onset _____
Other contributory causes of importance: HTN

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. Bush, M. D.

(Address) Cape Girardeau Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co. O</u>
	13. NAME <u>John Gebst</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany O</u>
	15. MAIDEN NAME <u>Barbara Garber</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany O</u>
	17. INFORMANT <u>Mrs. Agnes Schaubert</u> (ADDRESS) <u>Cape Girardeau Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem</u> DATE <u>Feb. 3rd 1940</u>	
19. UNDERTAKER <u>Walters and Co</u> (ADDRESS) <u>Cape Girardeau Mo</u>	
20. FILED <u>2-1-1940</u> <u>J. M. Thompson</u> Registrar	

WHITE 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.

1 X3314

