

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

Do not use this space.

10530

1940 APR 12 1940

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township " Primary Registration District No. 3009 File No. _____
City Cape Girardeau (No. 100 Longview Drive) Registered No. 125 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 100 Longview Drive Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1862

7. AGE YEARS 78 MONTHS 2 DAYS 23 If LESS than 1 day,hra. ormin.

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) Cape Girardeau

13. NAME Georgette Philenice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Frohman

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

17. INFORMANT Walter L. Duss

(ADDRESS) Belmont, Mich

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE April 1st 1940

19. UNDERTAKER Walters Undert Co

(ADDRESS) Cape Girardeau, Mo.

20. FILED 3-29-40 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 23rd, 1940, to Mar 29th, 1940

I last saw her alive on Mar 25th, 1940. Death is said

to have occurred on the date stated above, at 4. A. m.

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

Arterio Sclerosis Date of onset 2

Other contributory causes of importance: 97

Name of operation _____ Date of _____

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) G. B. Schult, 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.

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