

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.

REC'D AUG 14 1940

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

Do not use this space.

24806

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120

Township _____ Primary Registration District No. 9009

City Cape Girardeau (No. St. Francis Hospital)

File No. _____

Registered No. 254

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Lutesville Mo.

(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)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1940

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Mo.

13. NAME William H. Kinder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutesville Mo.

15. MAIDEN NAME Marie Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genard Mo.

17. INFORMANT (ADDRESS) William H. Kinder Lutesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Chapel July 30 1940

19. UNDERTAKER (ADDRESS) John Thompson

20. FILED 7-219-1940 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 3rd 1940 to July 29 1940
I last saw her alive on July 28 1940 Death is said to have occurred on the date stated above, at 6:55 a.m.

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

Lung Infarcts Date of onset 2 days
Atelectasis of L. Lung 1 mo.

Other contributory causes of importance: 1570

Congenital Heart 1 mo.

Name of operation None Date of _____

What test confirmed diagnosis Physiologist Was there an autopsy? yes

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) William J. Oehler M. D.

(Address) 234 N. Middle St. Cape Girardeau, Mo.

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