

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.

FILED OCT 12 1940

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

Do not use this space.

31626

1. PLACE OF DEATH

County Cape
Township
City Cape Girardeau (No.)

Registration District No. 120
Primary Registration District No. 3009

File No.
Registered No. 323
St. Ward)

2. FULL NAME

Audrey Market

(a) Residence, No. Halfblock Dr. St. Francis Hospital Ward. Wall Lake Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 5 7

OCCUPATION
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. None
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) Wall Lake Ill

FATHER
13. NAME Clyde Market

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wall Lake Ill

MOTHER
15. MAIDEN NAME Hester Bateard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro Ill

17. INFORMANT (ADDRESS) Clyde Market Wall Lake Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna Ill DATE Sept. 21, 1940

19. UNDERTAKER (ADDRESS) Paul Norris Jonesboro Ill

20. FILED 9-20-40 Jim Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1940, to 9-20, 1940

I last saw h.e.r. alive on 9-20, 1940 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Pyelo Nephritis Date of onset 9-14

Other contributory causes of importance: Acute - Colitis

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Chas. J. Sullivan M. D.
(Address)

125 J. Spencer