

FILED OCT 12 1940

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

Do not use this space.

31631

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 120Township 1Primary Registration District No. 3009City 11(No. 11)File No. 329Registered No. 329St. Mo.Ward 12. FULL NAME Okla Andrews(a) Residence, No. Cape Girardeau, Mo St. Mo. Ward. 1
(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)

Divorced

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

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

March 5th-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

49

6

21

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Marshall Ark.

FATHER

13. NAME

A.J. Redwine

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

Arkansas

MOTHER

15. MAIDEN NAME

Mary Sutterfield

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

Arkansas

17. INFORMANT Mrs. Huey Heise
(ADDRESS)Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place Memorial ParkDATE Sept. 28

1940

19. UNDERTAKER Brinkopf-Howell
(ADDRESS)Cape Girardeau, Mo.20. FILED 9-2619 40

J. M. P. Lampson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-26

1940

22. I HEREBY CERTIFY, That I attended deceased from
9-14, 1940, to 9-26, 1940I last saw her alive on 9-26, 1940 Death is saidto have occurred on the date stated above, at 8:10 a.m.

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

Agranulocytic AnginaDate of onset
9-14-40Other contributory causes of importance: 115Name of operation noneDate of 115What test confirmed diagnosis? Blood tests Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 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)

P. G. Reller

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.



WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31631**
Registrar's No. **329**

Registration District No. **125-**

Primary Registration District No. **3009**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Okla Andrews**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **7** 5. Color **W** 6. (a) Single, widowed, married, divorced **in**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **49** Months **6** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **12-31-41** (b) **J. M. Thompson** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **26** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **R. C. Pether** (M. D. or other) _____

Address **Cape Gir** Date signed _____

