

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.

APR 16 1936

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

Do not use this space.

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1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 129 H 4  
Township North 2 Primary Registration District No. 5055779  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 13 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Julie C. Hausel  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 - 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>7</u>	DAYS <u>21</u>
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sharontown Mo</u>		
13. NAME <u>Bennetters Nations</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Gir Co. Mo</u>		
15. MAIDEN NAME <u>Martha Poe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Gir Co. Mo</u>		
17. INFORMANT <u>Guy Hausel</u> (ADDRESS) <u>Frankland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Gir Cemetery</u> DATE <u>Mar 22 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Tombs Funeral Co. Jackson Mo</u>		
20. FILED <u>3621</u> 19 <u>36</u> <u>D. G. Seibner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1936

22. I HEREBY CERTIFY That I attended deceased from March 19 1936 to March 20 1936  
I last saw him alive on March 19 1936 Death is said to have occurred on the date stated above, at 7 A m.  
The principal cause of death and related causes of importance were as follows:  
Influenza by Pneumonia  
Date of onset March 17

Other contributory causes of importance:  
none

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? No  
If so, specify \_\_\_\_\_  
(Signed) W. C. Tombs, M. D.  
(Address) Frankland Mo

