

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape GirardeauRegistration District No. 124Township BoyerPrimary Registration District No. 5179City County Home (No. County Home)File No. 4167Registered No. 9

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. County Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cliga Williamson Childs6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 18497. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 10 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Janitor

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 Co. Mo.13. NAME Roland Childs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co. Mo.15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT (ADDRESS) Oster Childs Cape Girardeau Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel cent DATE 2-16 193419. UNDERTAKER (ADDRESS) Hamgins Funeral Home Cape Girardeau Mo.20. FILED 2-16 1934 D. G. Seibus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 15 193422. I HEREBY CERTIFY, that I attended deceased from July 1 - 1933 to Feb 15 1934I last saw him alive on Feb 14 1934 Death is saidto have occurred on the date stated above, at 10 m.

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

Cerebral apoplexy Date of onset 1934Other contributory causes of importance: arterio sclerosis 1931

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? no 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) D. R. Jackson _____ M. D.(Address) Jackson 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, WITH UNFADING INK—THIS IS A PERMANENT RECORD

