

REC'D APR 7 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130  
 Township Liberty Primary Registration District No. 5181  
 City (No.) St. (No.) Ward (No.)

## 2. FULL NAME

(a) Residence, No. near Whitewater Ward 600  
 (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Sophia Green  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 - 1887  
 7. AGE YEARS 51 MONTHS 9 DAYS 9 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
 10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

13. NAME W. E. Moore  
 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

15. MAIDEN NAME Isabell Kingman  
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Rudde Moore (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbonette DATE Mar 9 1938

19. UNDERTAKER Hannan Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED Mar 9 1938 J. M. Deagle Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25 - 1938, to Mar. 8 - 1938

I last saw him alive on Mar. 7, 1938 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

influenza and  
bronchial pneumonia  
and of heart failure  
due to leakage  
to

Other contributory causes of importance: old age

Name of operation no operation Date of no operation

What test confirmed diagnosis no test 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 no

Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J. M. Deagle, 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.

