

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

Do not use this space.

7336

13

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Shannon Primary Registration District No. 5180
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Cape Girardeau 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1887
7. AGE YEARS 80 MONTHS 6 DAYS 18 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. _____
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 Mo

13. NAME James McLeod

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

15. MAIDEN NAME Margaret Mobery

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

17. INFORMANT Mrs. Chas. Parnum

18. BURIAL, CREMATION, OR REMOVAL PLACE Indian Creek DATE May 4 1931

19. UNDERTAKER McCombs Bros

20. FILED 5-4-31 J. J. Schorn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to May 3, 1931. I last saw him alive on May 29, 1931. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:
Endo Carditis Date of onset 1931/9/28/31

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? (initials)

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) O. J. Miller, M. D.
(Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 24 1931

