

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

Do not use this space.

32429

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township 11 Primary Registration District No. 2009
 8 City 11 (No. Cape Rock Drive) St. _____ Ward _____

File No. _____
 Registered No. 262

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Pocahontas
 (Usual place of abode)
 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvina Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 8 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Grantville Ill

FATHER 13. NAME Wm J Linger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Chas Weller Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE new Bethel DATE 10-31 1933

19. UNDERTAKER (ADDRESS) Famer's Funeral Home Cape Girardeau Mo

20. FILED 10/31 1933 Wm Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1933, to Oct 30 1933
 I last saw him alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Organic Heart Disease
950 G St B
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) Dr. Paul R. Williams, M. D.
 (Address) Cape Girardeau Mo

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

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.

NOV 10 1933

2

