

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

Do not use this space.

32955

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1240

**2. FULL NAME**

Mr. Gonzalo Freeman  
 (a) Residence No. Leary Ave. R.F.# 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. min. 7 1/2 no record of age. age based on eye giving in Missouri policy.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cape County,  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Yencay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape County,  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County,  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Ed Steager  
 (Address) Ferry Ave. R.F.# 3

15. FILED 1931, 1928 W. Kauffman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1928

17. I HEREBY CERTIFY That I attended deceased from Oct. 15 1928, to October 30, 1928 that I last saw her alive on October 30, 1928, and that death occurred, on the date stated above, at 11:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82A  
97  
John St. Arvit  
 (duration) yrs. mos. da. 15  
 CONTRIBUTORY Arterio Sclerosis  
 (SECONDARY) Several (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) John St. Arvit, M.D.  
Oct 31, 1928 (Address) Cape Girardeau, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Carmel Cemetery DATE OF BURIAL Nov. 1 1928

20. UNDERTAKER W. Kauffman ADDRESS 556 Dodson

N. B.—Every item of information should be carefully supplied. AGB 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.

20 1928

