

MAR 25 1930

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

Do not use this space.

4303

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau No. La. E. Mo. Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1434 Rose 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 Female 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 C. E. Corbin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 4 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Zelma Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER H. L. James

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Zelma Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Zelma Mo.
(STATE OR COUNTRY)

14. INFORMANT C. E. Corbin
(Address) Cape Girardeau Mo.

15. FILED 3/1, 19 30 we Paetzler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-20 1930 to 2-28 1930
that I last saw her alive on 2-28, 1930, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peripartur eclampsia

146
131 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) nephritis
(duration) 7 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
(Signed) [Signature], M. D.

2-28 1930 (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 Former Cape Girardeau DATE OF BURIAL 3/2 1930

20. UNDERTAKER Walters Ind. Co 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.

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