

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

Do not use this space.

20779

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Gir. Primary Registration District No. 3009
City Cape Gir. (No. 542 S. Middle)

File No. _____
Registered No. 718
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo J Eagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|-----------|--|
| | <u>74</u> | <u>4</u> | <u>12</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired House

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Keep

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

13. NAME Patric Friend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Phoebe

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

17. INFORMANT Leah J. Eagle

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cemetery DATE June 25, 1931

19. UNDERTAKER Farberg, V. F. & N. Co

20. FILED 6-27, 1931 W. C. Kaininger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1931

22. I HEREBY CERTIFY that I attended deceased from deceased was dead when I arrived. I last saw deceased on June 19, 1931 Death is said to have occurred on the date stated above, at 10:30 m.

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

Acute Indigestion Date of onset June 26, 1931
118C

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) W. C. Kaininger M. D.

(Address) Cape Girardeau, Mo

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

JUL 23 1931

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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