

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township 11-4
City CAPE GIRARDEAU

Registration District No. 125
Primary Registration District No. 3009
(No. Cornel Vine 9 Spring)

File No. 37048
Registered No. 812
St. _____ Ward _____

2. FULL NAME

Wara Gaden

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herbert Gaden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 - 1907</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>9</u>
		DAYS
		<u>8</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Mississippi</u>		
FATHER	13. NAME <u>Samuel Harrison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Jada Lewis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
17. INFORMANT (ADDRESS) <u>Bert Hawkins</u> <u>Cape Girardeau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairmount</u> DATE <u>Nov 4 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Lorberg J & N Co</u> <u>Cape Girardeau, Mo.</u>		
20. FILED <u>11-3-31</u> 19 <u>31</u> <u>W. H. Campbell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1931

2. I HEREBY CERTIFY, That I attended deceased from Oct 24 1931, to Oct 31 1931. I last saw her alive on Oct 31 1931. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1926
23A
1/3

Other contributory causes of importance:

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) A. M. M. Gophy, M. D.
(Address) Cape Girardeau, Mo.

DEC 21 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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