

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

Do not use this space.

28678

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
1 Township 11 Primary Registration District No. 3009
8 City 11 (No. Independence St on River Bend St. _____ Ward _____)

File No. _____
Registered No. 228

2. FULL NAME

(a) Residence, No. 418 Morgan Oak 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>miss Dudley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March - 28 - 1908</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>5</u>	DAYS <u>17</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>Labor - 237</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>Cape Girardeau Mo</u>		
FATHER	13. NAME <u>J J Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Mo</u>	
MOTHER	15. MAIDEN NAME <u>Bell Robins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Co Mo</u>	
17. INFORMANT <u>Ans Bell Williams</u> (ADDRESS) <u>418 Morgan Oak St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Cent</u> DATE <u>Sept - 18 - 1932</u>		
19. UNDERTAKER <u>Hannay's Funeral Home</u> (ADDRESS) <u>Cape Girardeau Mo</u>		
20. FILED <u>9/17</u> 19 <u>32</u> <u>W. W. Jackson</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 16 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Accidentally falling off Sea Wall on the river front and breaking neck
186A
1913
Other contributory causes of importance: _____

Date of onset 156

Name of operation _____ Date of _____

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

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? _____
If so, specify _____
(Signed) Herbert Haupt Coroner
(Address) Jackson, 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.

OCT 24 1932

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

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