

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

Do not use this space.

28685

1. PLACE OF DEATH

16 County Cape Girardeau
1 Township -----
8 City ----- (No. -----)

Registration District No. 125
Primary Registration District No. 3009
St Francis Hospital

File No.
Registered No. 236 St. Ward)

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 29 - 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 5 0

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

13. NAME Virgil Lee Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Mo

15. MAIDEN NAME Opal Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Mo

17. INFORMANT (ADDRESS) Virgil Lee Smith
Oran Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton Cem DATE Sept. 30, 1932

19. UNDERTAKER (ADDRESS) Samsons Funeral Home
Cape Girardeau Mo

20. FILED 9/30 1932 W.C. Humphreys Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1932
22. I HEREBY CERTIFY, That I attended deceased from 9-29-1932 to 9-29-1932
I last saw her alive on 9-29-1932 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:

INTOXICATION
12:25
1932
Other contributory causes of importance: 0

Name of operation Laparotomy Date of 9/29/32
What test confirmed diagnosis? Was there an autopsy? 1

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) W.C. Humphreys M. D.
(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.

FORM 24 1932

WHITE-LET, WITH CONTINUING INFORMATION—THIS IS A PERMANENT RECORD

