

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

Do not use this space.

23576

File No. \_\_\_\_\_  
Registered No. 134 St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 3009  
City St. Louis No. 43 So Loumiss

**2. FULL NAME**

(a) Residence, No. 43 So Loumiss 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.

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Hellie B. Gaines</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1854</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</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)  
Ste Genevieve Mo.

13. NAME  
Henry P. Gaines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Louppper Mo. Va

15. MAIDEN NAME  
Fannie Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Louppper Mo. Va

17. INFORMANT (ADDRESS)  
Harry Gaines Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Memorial Park DATE July 29<sup>th</sup> 1934

19. UNDERTAKER (ADDRESS)  
Walther's Funeral Home Cape Girardeau Mo

20. FILED July 27 - 1934 J. M. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/20 1934, to 7/27 1934  
I last saw him alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 5:10 a.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
100

Date of onset  
7/22/34

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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 \_\_\_\_\_

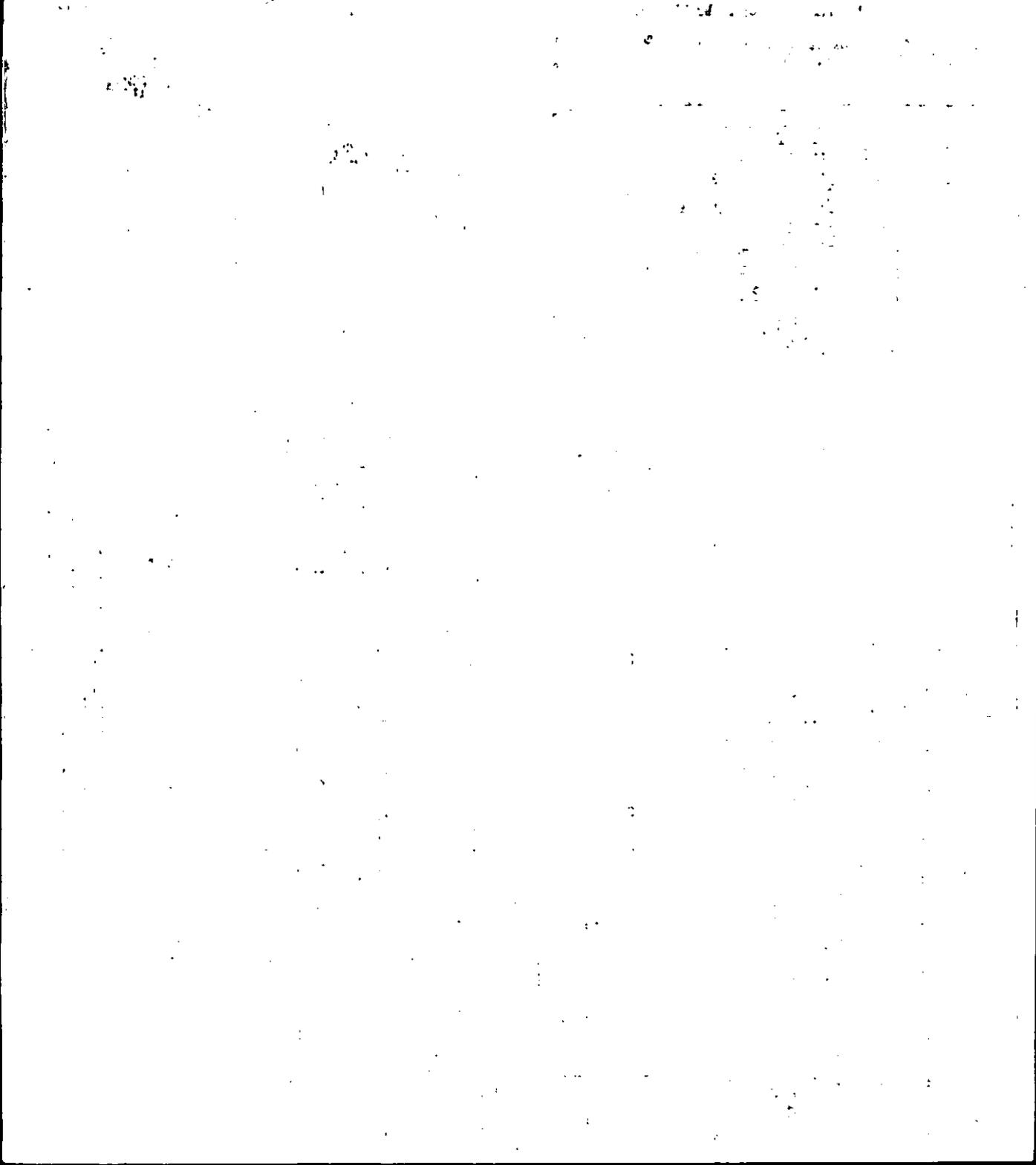
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) W. H. Weir M. D.  
(Address) Cape Girardeau Mo

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

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.

AUG 14 1934

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#2  
Cape Girardeau

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

134

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry P. James  
Who died at \_\_\_\_\_ on 7-27-1954  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W  Single,  married,  widowed or  divorced:

Date of birth \_\_\_\_\_ Age: Years 79 Months 10 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 10 Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Pneumonia (yes) Lobes

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

(Signature of Registrar Gen. [Signature] Date filed 9-10-54

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh, M.D.  
K

Special Agent.

Reg. Dist. No. 125 -

Primary Reg. Dist. No. 3009

