

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 19 1934

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

Do not use this space.

32161

## 1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township 11 Primary Registration District No. 3009  
City Cape Girardeau (No. 231) So. Frederick St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 182  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mattie Wilson  
(a) Residence, No. 231 So. Frederick 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-29-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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) Prices Landing Mo

13. NAME Mathews Simonds 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tenn

15. MAIDEN NAME Mary Christman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tenn

17. INFORMANT Mary C. Simonds  
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Trained Cent DATE Sept. 16, 1934  
Bealstat, Mo

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

20. FILED Sept. 16, 1934 J. M. Thompson  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1934, to 9-15, 1934

I last saw him alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Myocarditis

Date of onset 1930

Other contributory causes of importance:

Chronic passive congestion of liver 1934  
Dilatation of stomach Sept 14, 1934

Name of operation \_\_\_\_\_ 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) R. A. Ritter, M. D.

(Address) Cape Girardeau, Mo.



*Cape Girardeau*

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: Mattie Wilson  
Who died at \_\_\_\_\_ on Sept 15 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

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

Date of birth \_\_\_\_\_ Age: Years 40 Months 9 Days 16

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: myocarditis chronic passive Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) congestion of lungs dilatation  
Birthplace of father (State or country) of St. Louis Cause of dilatation  
Birthplace of mother (State or country) of St. Louis Cause of dilatation  
Principal cause of death: not a suppurative case, No malignancy.

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of 9 30  
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 R. A. Peltier  
Address of physician Cape Girardeau Date filed \_\_\_\_\_  
Signature of Registrar J. M. Thompson

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.

Reg. Dist. No. 125

Very truly yours,  
E. T. McGaugh  
State Registrar

Priority Reg. Dist. No. 3009

Special Agent.

RECORDED 17 1961

COMM. FILE 104-1014

10/10/61

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