

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.

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

Do not use this space.

NOV 14 1934

35437

1. PLACE OF DEATH

County Cape Girardeau
Township Hussale
City (No.)

Registration District No. 126
Primary Registration District No. 6-174-13

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Woodbourne Mo. 97 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Raub

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Oct. 11, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-28-1893

I last seen alive on clinical death, 1934. Death is said to have occurred on the date stated above, at 12:20 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 9 13

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

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

Chronic interstitial Nephritis Date of onset

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 _____

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co mo

13. NAME Wm H Wessel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co mo

15. MAIDEN NAME Emma Sievers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co mo

17. INFORMANT (ADDRESS) Albert Raub
Ditchman mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lutheran Church DATE Oct-14, 1934

19. UNDERTAKER (ADDRESS) Samaja's Funeral Home
Cape Girardeau mo

20. FILED Oct 11, 1934 Mrs W. W. Ford Registrar

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) W. W. Ford, M. D.

(Address) Woodbourne, Mo.

