

JAN 8 1937

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

Do not use this space.

44022

## 1. PLACE OF DEATH

County CAPE GIRARDEAU Registration District No. 125 File No. \_\_\_\_\_  
Township CAPE Primary Registration District No. 3009 Registered No. 433  
City Cape Girardeau (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Diamond

(a) Residence, No. 532 College St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Diamond  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11th. 1885  
7. AGE 51 YEARS MONTHS 10 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing Shop  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Perryville MO.  
(STATE OR COUNTRY)

13. NAME Hy Diamond

14. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Doland

16. BIRTHPLACE (CITY OR TOWN) Not Known  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Maude Diamond, Wife  
(ADDRESS) 532 College st.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mary's Cem DATE Dec. 29th. 1936

19. UNDERTAKER Haman Funeral Home  
(ADDRESS) 107 S. Sprig st.

20. FILED 12-26-36 J. M. Thompson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Dec. 28, 1936

I last saw him alive on Dec. 28, 1936 Death is said to have occurred on the date stated above, at 11 A. m.

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

Cerebral Hemorrhage Date of onset 12/25/36

Other contributory causes of importance:

Carcinoma Duodenum unknown  
Cirrhosis, Hepatitis unknown

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis H. Gray 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? No.

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

(Signed) Frank W. Hall, 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.

