

MAR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Cape Girardeau*
Township *Clinton*
City *Clinton* (No. _____)

Registration District No. *230*
Primary Registration District No. *5312*

File No. *5633*
Registered No. _____
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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/11/37*, 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR
OR WIFE OF *Marshall Bailey*

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 15th, 19*37*, to *2/11/37*, 19*37*

I last saw him alive on *1/12/37*, 19*37*. Death is said
to have occurred on the date stated above, at *5 A. m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-2-1864*

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 9

Date of onset

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

Circumstances of Death
HO

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) *Ind.*13. NAME *James Oakley*

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME *Unknown*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT *Oliver Laughlin*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE *Coulton* DATE *2/14/37*

Nature of injury _____

19. UNDERTAKER *Elbert Edging*

24. Was disease or injury in any way related to occupation of deceased? _____

(ADDRESS) *Coulton Mo*
FILED *Mar 1 1937* *J. J. P. Ferguson* Registrar

If so, specify *W. J. Keckler*, M. D.
(Signed) _____ (Address) *Coulton Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

