

AUG 19 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 "
City Cape Girardeau

Registration District No. 125Primary Registration District No. 30097File No. 26871Registered No. 221St. "Ward "

2. FULL NAME

(a) Residence, No. Oran Mo

(Usual place of abode)

St. "Ward "

(If nonresident, give city of 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 18 - 1936

7. AGE

YEARS 1MONTHS 5DAYS 25

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

None

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)

Oran Mo.

13. NAME

Paul M. Pobst

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

Oran Mo.

15. MAIDEN NAME

Irmina Kosche

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

Oran Mo.

17. INFORMANT (ADDRESS)

Miss Paul Pobst Oran Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oran Mo.DATE July 15 1937

19. UNDERTAKER (ADDRESS)

Walther Funeral Home Cape Girardeau Mo.20. FILED 7-131937

M.

Registrar.

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

7/13 1937

22. I HEREBY CERTIFY, That I attended deceased from

7/61937, to7/131937I last saw him alive on 7/13 1937 Death is saidto have occurred on the date stated above, at 4:30 AM.

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

Calitio -

Date of onset

June 27, 1937

Other contributory causes of importance:

Name of operation 1937Date of "

What test confirmed diagnosis?

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) Chas. J. Hubert, M. D.(Address) 636 3rd Ave Cape Girardeau, Mo.

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

