REC'D APR 10 1939

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

10334
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau | Registration District No. 125
(b) Township | Primary Registration District No. 3009 | Registered No. 114
(c) City Cape G. | (d) Street No. ST FRANCIS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lelia Niese Cline
(a) Residence, No. St. Sikeston, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. T. Cline
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-84
7. AGE YEARS 55 MONTHS 1 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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) New Madrid

FATHER
13. NAME Oliver Porter Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tenn.

MOTHER
15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Harry O. Cline RR #2 Gary Ind.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE 3-29-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albritton Undt. Sikeston Mo. 121
20. FILED 3-26, 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1939, to 3/26, 1939
I last saw her alive on 3/26, 1939. Death is said to have occurred on the date stated above, at 10.15 pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocorditis Ch

Other contributory causes of importance:

Nephritis Ch

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) A. L. Smith, M. D.
(Address) Cape Girardeau Mo

Licensed Embalmer's Statement on Reverse Side

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.