

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.

REC'D APR 10 1939

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

Do not use this space.

16. PLACE OF DEATH
County CAPE GIRARDEAU Registration District No. 125
Township Lutesville Primary Registration District No. 3009
City Cape Girardeau (No. S.E. MO HOSPITAL) St. _____ (Ward) _____
2. FULL NAME Homer Dale Englehart
(a) Residence, No. _____ St. _____ Ward. LUTESVILLE, MO.
(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.

10344

File No. _____
Registered No. 193

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) July 30, 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 7 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Lutesville (STATE OR COUNTRY) _____
13. NAME Wm. Englehart
14. BIRTHPLACE (CITY OR TOWN) Lutesville (STATE OR COUNTRY) _____
15. MAIDEN NAME Cora Billings
16. BIRTHPLACE (CITY OR TOWN) Marble Hill (STATE OR COUNTRY) _____
17. INFORMANT Mrs. Cora Englehart (ADDRESS) Lutesville, Mo.
18. BURIAL, CREMATION, OR REMOVAL* PLACE Baker Cem. DATE March 12th 1939
19. UNDERTAKER Baker Funeral Home (ADDRESS) Lutesville, Mo.
20. FILED 3-10-39 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10th 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:
Septicemia
Other contributory causes of importance:
Cerebral meningitis
Broncho-pneumonia
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. B. Cloud M. D.
Cape Girardeau Mo. (Address)

