

1939 MAY 12

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

14446
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
 (b) Township " Primary Registration District No. 3009 Registered No. 140
 (c) City Cape Girardeau (d) Street No. Southeast Mo. 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 Baby boy of Mr. & Mrs. John Sweet

(a) Residence, No. 1015 North Lorimier St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as Child
 9. Industry or business in which work was done, as 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) Cape Girardeau 0
 (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME John Sweet

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ellis Ellen Manor

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

17. INFORMANT John Sweet
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dogwood Cemt. DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman
 (ADDRESS) Cape Girardeau, Mo. 126

20. FILED 4-6-39 J. M. Thompson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 4/8, 1939

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Stillborn 4/8-39
General Peritonitis?
The mother from R.
gastric ulcers appendicitis.

Other contributory causes of importance:

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) George J. Walker 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.

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.....

L. L. Haman

• • Licensed Embalmer No. *2863*

• P. O. Address *Cape Girardeau*

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

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