REC'D MAY 12 1939

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

Do not use this space.

File No. 14478

Registered No. 146

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 121

Township " — Primary Registration District No. 3009

City "Cape" M — (No. 712 Merriwether St. Ward)

162

2. FULL NAME Malinda Deevers

(a) Residence, No. 712 Merriwether 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	6	22	

OCCUPATION

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

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) Egyptmills Mo

FATHER

13. NAME John Klosterman

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

MOTHER

15. MAIDEN NAME Louise Bedford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EGYPT MILLS MO

17. INFORMANT A.A.Deevers
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE LORIMER DATE 4/13 1939

19. UNDERTAKER Brinkopf Howell 121
(ADDRESS) Cape Girardeau Mo

20. FILED 4-10 1939 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1939 to 4-10 1939

I last saw her alive on 4-10 1939. Death is said to have occurred on the date stated above, at 11 30 P m.

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

	Date of onset
Bronchial pneumonia	4-2-39
107	
Other contributory causes of importance:	
Myocarditis	4-10-39

Name of operation None Date of

What test confirmed diagnosis? Examination 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? No

If so, specify

(Signed) R. A. Ritter, M. D.

(Address) CAPE GIRARDEAU, MO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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