

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

21737  
 Do not use this space.

DEC'D JUL 11 1939

**1. PLACE OF DEATH**

(a) County Cape Girardeau Registration District No. 125  
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 227  
 (c) City Cape Girardeau (d) Street No. St. Francis Hosp St. \_\_\_\_\_  
 (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**

(a) Residence, No. 137 Charles L Davis St.  Fruitland 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 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) March 6 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65      3      15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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) (STATE OR COUNTRY) Fruitland Mo

FATHER 13. NAME R W Davis

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

MOTHER 15. MAIDEN NAME Mrs. Hughes

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

17. INFORMANT (ADDRESS) Mr. Glenn Davis Cape Gir mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fruitland mo DATE 6/23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seabough Funeral Home Cape Gir mo

20. FILED 6-21-39 John Thompson Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/21 1939, to 6/21 1939. I last saw him alive on 6/21 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral Lamentation Date of onset 7/22/39  
52

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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) George H. Baker, M. D.

(Address) Cape Gir 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.

1 X14025

**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, .....

*W. H. Estes*

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

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

Signed..... *W. H. Estes* .....

Licensed Embalmer No. *3568* .....

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.**