

DEC 12 1939
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39228
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Registration District No. 124
(b) Township Cape Primary Registration District No. 3009 Registered No. 386
(c) City Cape Girardeau, Missouri (d) Street No. 1 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. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peggy Jane Davie
(a) Residence, No. Cape Rock Drive 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Davie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1 859

7. AGE YEARS 82 MONTHS 9 DAYS 7 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. Retired Hswork
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson County Illinois

13. NAME William Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson County Illinois

MOTHER
15. MAIDEN NAME Catherine Clutz

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

17. INFORMANT (ADDRESS) Mrs. James Caraker Cape Girardeau, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11-20-1939

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

20. FILED 11-18-1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939 to Nov 18, 1939
I last saw her alive on Nov 18, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus & all pelvic organs metastatic
Other contributory causes of importance: None

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? No 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) J. M. Thompson, 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.

*Walker
627 Grand Ave*

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. Hansen*
.....
Licensed Embalmer No. *7863*
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.