

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

6164  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Cape Girardeau Registration District No. 125  
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 84  
 or  
 (c) City Cape Girardeau (d) Street No. St. James 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**

(a) Residence, No. 200 Edward Secoy Sr.  
Portageville Mo. St.  Portageville 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. <del>Single</del> MARRIED, WIDOWED, OR <del>Divorced</del> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF <u>Clara Louise</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>		
7. AGE YEARS <u>72</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville Missouri</u>	
	13. NAME <u>William Leroy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison County</u>	
MOTHER	15. MAIDEN NAME <u>Grabo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>W. R. Secoy</u> (ADDRESS) <u>Portageville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville</u> DATE <u>March 5, 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>White Funeral Home</u> (ADDRESS) <u>Portageville Mo.</u>		
20. FILED <u>3-3-40</u> <u>J. M. Thompson</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1940 to 3/3, 1940  
 I last saw her alive on 3/3, 1940 Death is said to have occurred on the date stated above, at 7 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
 Date of onset 1939

Other contributory causes of importance: 94

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?  
 No, specify \_\_\_\_\_  
 (Signed) Chas. J. Hurlbert M. D.  
 (Address) Cape Girardeau, Mo.

WRITE PERMANENTLY, 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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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**