

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

Do not use this space.

MAY 13 1940

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1st Primary Registration District No. 3009
City 670 (No. 1st Francis Hospital) (Ward) 142

File No. 14504
Registered No. 142

2. FULL NAME

(a) Residence, No. 1 St. Newport Ark Ward. 142
(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 M 4. COLOR OR RACE W 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) Aug 6 - 1924

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
14 8 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Newport Ark

FATHER
13. NAME Wm A Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Clark

MOTHER
15. MAIDEN NAME Lessey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport Ark

17. INFORMANT (ADDRESS) Wm A Sharp

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Newport Ark 4-10-40

19. UNDERTAKER (ADDRESS) First Co. Burial Co
Parisville Mo

20. FILED 4-9-1940 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1940

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... 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:

Pneumococci meningitis 8/40

Other contributory causes of importance:

Acute Medea 3/1/40
Acute Mastoiditis 2/1/40

Name of operation Mastoidectomy Date of.....

What test confirmed diagnosis? all 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?.....

If so, specify.....

(Signed) J. B. E. Ford 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.

MARGIN RESERVED FOR BINDING

