

JUN 13 1940

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

Do not use this space.

18075

1. PLACE OF DEATH

County Cape Girardeau
Township " " " "
City " " " " (No. 1 So. E. Mo. Hospital)

Registration District No. 124
Primary Registration District No. 3009

File No. _____
Registered No. 181
St. _____ Ward _____

2. FULL NAME

(a) Residences No. 1410 Jefferson St. _____ Ward _____
(Usual place of abode)

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 Female 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) May 21-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
0 0 0 90

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) Cape Girardeau Mo

13. NAME Calvin Koch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

15. MAIDEN NAME Mamie Margraf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Calvin Koch (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE May 21 1940

19. UNDERTAKER Walthers Und. Co (ADDRESS) Cape Girardeau Mo

20. FILED 5-21-40 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 21 1940, to May 1 1940

I last saw her alive on May 21 1940 Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Prematurity (6 month gestation)

Date of onset 5-21-40

Other contributory causes of importance: 159

Name of operation none 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 If so, specify _____

(Signed) P. A. Ritter 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.

Adm. Rpt. 1940

