

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.

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

Do not use this space.

APR 16 1936

9603

1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 3009  
City Cape Girardeau (No. Southeast 2nd Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2. FULL NAME Law Query  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Jackson Mrs  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. 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) March 29, 1860  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 11 13

8. Trade, profession, or particular kind of work done, as planer, 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) Pocahontas Missouri

13. NAME H. M. Query

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

15. MAIDEN NAME Francis Buff

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

17. INFORMANT (ADDRESS) H. M. Query, Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Hospital DATE Mar 13 1936

19. UNDERTAKER (ADDRESS) Wm. Wilson Howard Jackson, Mo.

20. FILED 3-12-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1936  
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to March 12, 1936.  
I last saw her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 10.4 m.

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

Chronic Pyelo-nephritis with terminal haemorrhage + uremia

Other contributory causes of importance: none

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  
If so, specify \_\_\_\_\_ (Signed) H. M. Query, M. D.  
(Address) Jackson

