

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Shawnee
City (No.)

Registration District No. 129
Primary Registration District No. 5180

File No. 26893
Registered No. 17
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto H. Kauffmann

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1884

7. AGE YEARS 53 MONTHS 5 DAYS 26 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Near Wellsville Mo.

13. NAME Fielding Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Pocolanov Mo.

15. MAIDEN NAME Sheba Sides

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Appleton Mo.

17. INFORMANT Otto H. Kauffmann (ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson DATE July 18, 1937

19. UNDERTAKER Crossfield Miller & Sons (ADDRESS) Jackson, Mo.

20. FILED July 16, 1937 G. J. Schoen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 17th, 1937, to July 17, 1937

I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Malignant disease of the left breast with metastatic melanosis

Other contributory causes of importance: 50

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?
If so, specify

(Signed) R. H. S. S. S., M. D.
(Address) Jackson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

