

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

Do not use this space.

NOV 20 1936

36975

**1. PLACE OF DEATH**

County Cape Girardeau  
Township "  
City Cape Girardeau (No.       )

Registration District No. 121  
Primary Registration District No. 5009  
City Cape Girardeau (No.       ), 208 North Boulevard St.        Ward)

File No.         
Registered No. 368

**2. FULL NAME Caroline Henecke Volkerding**

(a) Residence, No. 208 North Boulevard St.,        Ward. (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henary Volkerding</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 24, 1857</b>		
7. AGE YEARS <b>79</b>	MONTHS <b>6</b>	DAYS <b>1</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>      </b>	
	10. Date deceased last worked at this occupation (month and year) <b>      </b>	11. Total time (years) spent in this occupation <b>      </b>
12. BIRTHPLACE (CITY OR TOWN) <b>Tulset, Mo.</b> (STATE OR COUNTRY)		
FATHER	13. NAME <b>Henecke</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>Germany</b> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <b>Menhi</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>Don't Know</b> (STATE OR COUNTRY)	
17. INFORMANT <b>Mrs. John Luehring</b> (ADDRESS) <b>Cape Girardeau, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Cemt.</b> PLACE <b>Christ Luthern</b> DATE <b>Oct. 27, 1936</b>		
19. UNDERTAKER <b>Haman's Funeral Home</b> (ADDRESS) <b>Cape Girardeau, Mo.</b>		
20. FILED <b>10-25-36 J. M. Simpson Registrar.</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 22, 1936, to Oct 25, 1936**  
I last saw h. or alive on **Oct 25, 1936**. Death is said to have occurred on the date stated above, at **4:30A.**  
The principal cause of death and related causes of importance were as follows:  
**Angina Pectoris** Date of onset **Oct 20 1936**

Other contributory causes of importance

Name of operation  Date of   
What test confirmed diagnosis?  Was there an autopsy? **Yes**

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) **W. A. Schwan**, 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.

