

Rodis

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

Do not use this space.

5003

1. PLACE OF DEATH

County West Registration District No. 871  
Township Richland Primary Registration District No. 670  
City Sikeston (No. ....) St. .... Ward .....

File No. 29  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

Francis M Sikes  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 1885  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 5 0

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scott Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Sikes  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Indie Starnup  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sikeston Mo  
(STATE OR COUNTRY)

14. INFORMANT Arthur Sikes  
(Address) Sikeston Mo

15. FILED 3/15/29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1929  
17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1929, to Jan 22 1929, that I last saw him alive on Jan 19 1929, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza Pneumonia  
59  
11A

(duration) yrs. mos. da. 9  
CONTRIBUTORY Diabetes Mel.  
(SECONDARY) chronic  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.

8  
DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) LORodis M. D.  
1/23 1929 (address) Sikeston Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sikeston Mausoleum DATE OF BURIAL 1/24 1929

20. UNDERTAKER H. J. Welch Sikeston 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. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1929

