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

Do not use this space.

23529

1. PLACE OF DEATH
County Madison
Township St Michael
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 038
Primary Registration District No. 5724
File No. .....
Registered No. .....

2. FULL NAME David Austin 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruby Sikes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Danby Mo.

PARENTS
10. NAME OF FATHER: David Sikes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo
12. MAIDEN NAME OF MOTHER: Nancy Medley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

14. INFORMANT (Address): Ruby Sikes Fredericktown, Mo.

15. Filed July 31 1930 C. U. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 28, 1930 that I last saw him alive on July 27, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis Lethargica Chr.
17
93C (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis Chr. (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 23
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. C. Slaughter, M.D.
July 31, 1930 (Address) Fredericktown 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: Christian Cemetery City
DATE OF BURIAL: July 30 1930
20. UNDERTAKER: Ed. H. Webb, Fredericktown
ADDRESS: 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1930