

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

Do not use this space.

8455

File No. 28  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PLACE OF DEATH  
County Scott Registration District No. 821  
Township \_\_\_\_\_ Primary Registration District No. 6070  
City Sikeston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Zeda Cleira Day  
(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. 3 ds. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Holly Day

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>22</u>	<u>3</u>	<u>3</u>	<u>12</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home 234  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mathews  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER M. S. Brooks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ada Maynard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mathews  
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Elene Buehler  
(Address) Sikeston, Mo

15. FILED 3/5/31 W. E. Kings  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 14 - 31, 1931, that I last saw her alive on Feb 14, 1931, and that death occurred, on the date stated above, at 8:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Infarction  
with Bacteremia  
36 (duration) yrs. mos. 7 ds.  
CONTRIBUTORY (SECONDARY) 1450 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chinural  
(Signed) H. M. Hendry M. D.  
. 19 (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 Mathews Cemetery  
Mathews Mo DATE OF BURIAL Feb 15 1931

20. UNDERTAKER John Albritton ADDRESS 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7-103  
MAR

