

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.

NOV 28 1931

Mayfield

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

Do not use this space.

39853

1. PLACE OF DEATH

County *Desai* Registration District No. *82*
Township *Richland* Primary Registration District No. *6070*
City *Sikeston* (No.) St. Ward

File No. *105*
Registered No. St. Ward

2. FULL NAME

August Sturgeon
(a) Residence, No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 11 1931*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 8 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*
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) *Sikeston Mo*

FATHER
13. NAME *Wm Sturgeon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER
15. MAIDEN NAME *Lettie Call*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marquand Mo*

17. INFORMANT (ADDRESS) *Wm Sturgeon Sikeston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Missouri* DATE *Nov 6 1931*

19. UNDERTAKER (ADDRESS) *H. J. Welch Sikeston Mo*

20. FILED *4/7/31 Walter E. Davis Registrar*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 5 1931*
22. I HEREBY CERTIFY, That I attended deceased from *about Nov 2 1931*, to *Nov 5 1931*
I last saw him alive on *Nov 5 1931*. Death is said to have occurred on the date stated above, at *11:00 a.m.*
The principal cause of death and related causes of importance were as follows:

Meningitis & rheumatic fever
of middle ear abscess products
838 Meningitis
978
Other contributory causes of importance: *9*

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 *aa Mayfield*, M. D.
(Signed) *aa Mayfield*
(Address) *Sikeston Mo*

1972/10/10