

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.

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

Do not use this space.

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68

1. PLACE OF DEATH

County Scott
Township Sikeston
City Sikeston (No. 4533)

Registration District No. 827
Primary Registration District No. 6070

File No. 68
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1914

7. AGE YEARS 18 MONTHS 3 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

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) May 28 11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington Mo

13. NAME R. H. Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

15. MAIDEN NAME Effie Browley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington Mo

17. INFORMANT (ADDRESS) R. H. Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo DATE June 10, 1932

19. UNDERTAKER (ADDRESS) John Albritton Sikeston Mo

20. FILED 7/5/32 Registrar W. H. Dumas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932, to June 8, 1932. I last saw him alive on June 8, 1932. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis Date of onset _____
Acute Generalized Peritonitis _____
Other contributory causes of importance: 12/1

Name of operation Muscle Drainage Date of operation June 3, 1932
What test confirmed diagnosis ap Was there an autopsy? no

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 _____

(Signed) H. M. Hendy, M. D.
(Address) Sikeston Mo

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