

D.W.

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

Do not use this space.

23509

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 567
 Township St. Johns Primary Registration District No. 5803
 City 2216 15th St (No. 15) St. 15 Ward 15

2. FULL NAME, Rufus Sailors
 (a) Residence, No. 15 St. 15 Ward 15
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF July 1 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 8 min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

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) New Madrid

13. NAME Rufus Sailors

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi, Co.

15. MAIDEN NAME Ruby Higgo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Rufus Sailors
Mathews Mo. Rt 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE July 2 1932

19. UNDERTAKER (ADDRESS) Travis Shelby
East Prairie, Mo

20. FILED July 2 1932 Dufford Hodges Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 2 1932
 last saw him alive on July 1 1932 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth Date of onset

159 154

Other contributory causes of importance:

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 George W. Whitaker
 (Signed) East Prairie mo
 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MAINTAINED RESERVED FOR BIRTH RECORDS

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.

72 15 1932

V. S. NO. 2.

