

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.

JUL 22 1933

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

Do not use this space.

22034

1. PLACE OF DEATH

100 County Scott Registration District No. 871
Township Richland Primary Registration District No. 6070
City Sikeston (No. _____) St. _____ Ward _____

File No. 53
Registered No. _____

2. FULL NAME

Joanetta Jean Stacy
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 9 16

8. Trade, profession, or particular kind of work done, as planner, 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
13. NAME Joan Stacy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Mo
15. MAIDEN NAME Thelma Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Mo

17. INFORMANT (ADDRESS) Edward Kindred Sikeston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 6/4 1933

19. UNDERTAKER (ADDRESS) H. J. Welch Sikeston Mo
20. FILED 7/10/33 Walter E. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1933
22. I HEREBY CERTIFY That I attended deceased from May 29, 1933, to June 2, 1933.
I last saw him alive on June 12, 1933. Death is said

to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Gastritis Date of onset May 29

Other contributory causes of importance:

Remanage Malnutrition
Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____

(Signed) Howard A. Bonar, M. D.
(Address) Sikeston - Mo

