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

Do not use this space.

35338

1. PLACE OF DEATH
County: Scott — Registration District No.: 87
Township: — Primary Registration District No.: 6070
City: Sikeston (No. ... St. ... Ward)

File No.: 111
Registered No.:

2. FULL NAME: Nora L. Stalcup

(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Samuel Stalcup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 12, 1866

7. AGE: Years 67 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
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 COUNTY): Decatur County, Tennessee

FATHER
13. NAME: M. P. Pratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Decatur County, Tennessee

MOTHER
15. MAIDEN NAME: Isabelle Doyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Tennessee

17. INFORMANT (ADDRESS): J. N. Stalcup, Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park, Sikeston, Mo. DATE: October 28, 1933

19. UNDERTAKER (ADDRESS): Lilly & Nelson

20. FILED: 11/7/33 Walter Dunn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to October 26, 1933
I last saw her alive on October 26, 1933. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

(17) P
D. 2
10 2

Other contributory causes of importance:
Hypertension

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) G. W. Presnell, M. D.
(Address) Sikeston, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD