

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

Do not use this space.

3606

1. PLACE OF DEATH

County Scott
Township Sikeston
City Sikeston (No. 1)

Registration District No. 87
Primary Registration District No. 6090
1753

File No. 13
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 65 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 1-1864</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>0</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>yard man</u>
	10. Date deceased last worked at this occupation (month and year) _____ 19 <u>34</u> 11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) County, Mo.

13. NAME Jack Oglin

14. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) County, Mo.

15. MAIDEN NAME Nellie Turner

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

17. INFORMANT Jack Oglin
(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial DATE Jan 14 1934

19. UNDERTAKER J. J. Welch
(ADDRESS) Sikeston, Mo.

20. FILED 1/10/34 1934
W. H. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1934 to Jan 13 1934
I last saw him alive on Jan 13 1924 Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Chr. Coronary Thrombosis Date of onset _____
Disease

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____

(Signed) Thomas B. M. Clure, 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.

Feb 27 1934
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