

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

Do not use this space.

1. PLACE OF DEATH JAN 20 1935
 County Scott Registration District No. 821 File No. 45481
 Township Highland Primary Registration District No. 4553 Registered No. _____
 City Sikeston (No. _____) St. _____ Ward _____

2. FULL NAME Cardilia Givens
 (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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow (do not know)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1866
 7. AGE YEARS 72 MONTHS 11 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Shelbilly, Tenn.
 (STATE OR COUNTRY)

FATHER 13. NAME Gus Marsh
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Clayton
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Fred Campbell
 (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sikeston DATE Dec 4 1934

19. UNDERTAKER Matth Smith
 (ADDRESS) Sikeston, Mo.

20. FILED 12/3 1934 Fred Campbell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:15 p.

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

Paralysis
Apoplexy
Stroke
 Other contributory causes of importance: _____
 Date of onset _____

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? No.

If so, specify _____

(Signed) Hughes Sent

(Address) Sikeston Mo

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.

