

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

Do not use this space.

18682

1. PLACE OF DEATH

County Scott
Township Sikeston
City Sikeston (No., St. Ward)

Registration District No. 821
Primary Registration District No. 4553

File No.
Registered No.

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 1-1907</u>		
7. AGE <u>28</u>	YEARS <u>2</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>yard man</u>		11. Total time (years) spent in this occupation <u>Life</u>
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) <u>May 25-1935</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kaupah Co. Tennessee</u>		
13. NAME <u>Ed Anderson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Emma Bursay</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laudal Co Tennessee</u>		
17. INFORMANT (ADDRESS) <u>Ethel Anderson Sikeston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston, Mo.</u> DATE <u>May 29, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Presnell Sikeston, Mo.</u>		
20. FILED <u>6/6/35</u> 19 <u>W. H. Presnell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935

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 7⁰⁰ a.m.

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

Acute myocarditis

Other contributory causes of importance:

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?
If so, specify
(Signed) W. H. Presnell Coroner
(Address) Sikeston Mo.

1. *Introduction*

2.

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