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.

AUG 19 1935

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

Do not use this space.

23782

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappity — Primary Registration District No. 3030 — Registered No. 92
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Bobbie Jean Sinks
(a) Residence, No. Charleston Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Fem
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20-1934
7. AGE: YEARS 1 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 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 COUNTRY): Mississippi County Mo.

FATHER
13. NAME: Joe Sinks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newport - Ark.

MOTHER
15. MAIDEN NAME: Susie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Joe Sinks Charleston Mo R #1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE 7-23 1935
19. UNDERTAKER (ADDRESS): Frank Lair Funeral Service Charleston Mo
20. FILED 7-23- 1935 J D Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 12:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on No Doctor, 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Dysentery

Other contributory causes of importance:

Malnutrition

Name of operation ..... Date of .....
What test confirmed diagnosis? Family history 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) Paul T Hackney - Coroner, M. D.
(Address) Charleston, Mo.