

OCT 18 1935

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

Do not use this space.

28917

1. PLACE OF DEATH

County Cape Co.
 Township Cape Girardeau
 City St. E. Hospital

Registration District No. 125Primary Registration District No. 3009

File No. 263
 Registered No. 263
 St. _____ Ward _____

2. FULL NAME(a) Residence, No. Libbourn
(Usual place of abode)

St. _____ Ward _____

(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>white</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>Sadie Sykes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25-1892</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>		11. Total time (years) spent in this occupation <u>14</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>9-5-1930</u>		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stewart Co Tenn</u>	
13. NAME <u>Henry Sykes</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
15. MAIDEN NAME <u>unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Florence Evans</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sykeson</u> DATE <u>9-13</u> 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Miss Daisy</u>	
20. FILED <u>9-13-35</u> Registrar	

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11 193522. I HEREBY CERTIFY, That I attended deceased from 9/5/35 to 9/11/35I last saw deceased alive on 9/11/35 Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Acute myocardial infarction Date of onset 9/5/35
secondary to
hypertension
with atherosclerosis
of the coronary arteries
and
hypertension

Other contributory causes of importance:

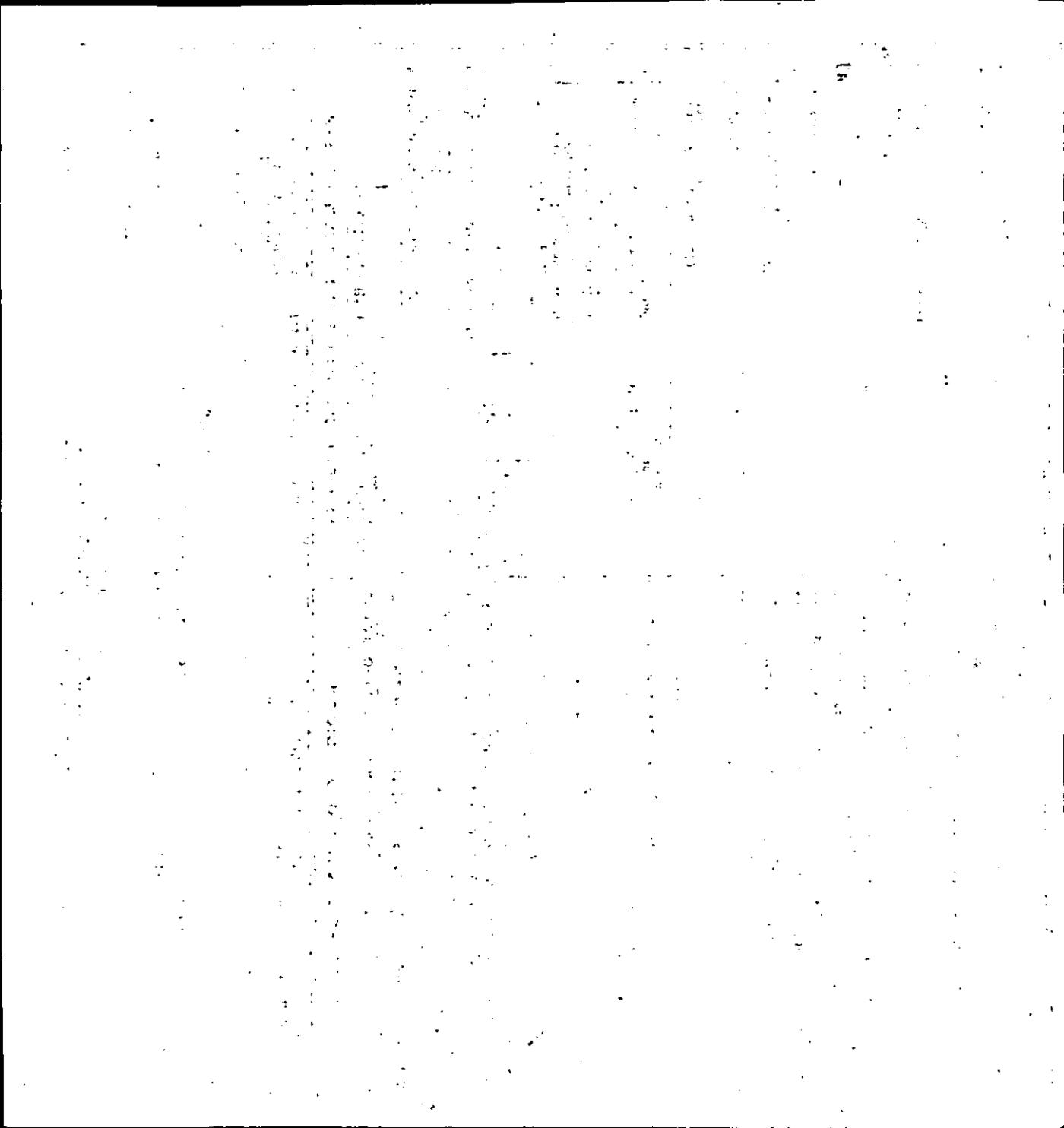
Name of operator none Date of _____What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury 9/5-1935Where did injury occur? near Parma Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile accidentNature of injury fractures of femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) [Signature], M. D.(Address) Cape Girardeau Mo



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ALL INFORMATION OBTAINED
HEREIN IS UNCLASSIFIED
EXCEPT WHERE SHOWN
OTHERWISE
OR MUST BE WRITTEN OFF
Do not use this space
FOR SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-
Township Cape Girardeau Primary Registration District No. 3009
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Elisha Maezyk

(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 yr. 1. hrs. or min. 6 3 3

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. _____
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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 10/17 1935 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1935

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

I have seen _____ alive on _____, 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:

Automobile accident injury to legs, furniture, etc.
Pedestrian

Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____ (Signed) [Signature], M. D.
(Address) Cape Girardeau

Supplementary

NO

4-2-36 Jem. Thompson

NOV 5 1935

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