

OCT 2 2 1935

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

Do not use this space.

29183

1. PLACE OF DEATH

County Franklin Registration District No. 294
Township Central Primary Registration District No. 5409B
City (No.) St. Ward

2. FULL NAME

Elizabeth Irene Delilah Stickferd

Union-St. Clair Rd.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Stickferd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

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) Byron, Arkansas

13. NAME Fred Bay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri

15. MAIDEN NAME Minnie Watts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higgins, Mo.

17. INFORMANT John Henry Stickferd (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Union Cemetery Oct. 3, 1935

19. UNDERTAKER Union Furniture Co. (ADDRESS) Union, Mo. Wm. H. Horn

20. FILED Oct. 3, 1935 W. E. Hutchinsworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 to Sept. 30. I last saw him alive on Sept. 30, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Puerperal Pyemia
Septic Pelvic Abscess

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Chlorine Was there an autopsy Yes

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 W. E. Hutchinsworth, M. D.

(Signed) W. E. Hutchinsworth (Address) Union, Mo.

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.

OCCUPATION
MOTHER
FATHER

