

MAY 27 1936

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

Do not use this space.

18178

1. PLACE OF DEATH

County Scott

Registration District No. 821

File No.

Township Sikeston Mo.

Primary Registration District No. 4553

Registered No.

City Sikeston Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sikeston Mo. 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales
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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Hal Taylor (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Cemetery DATE Apr. 3 1936

19. UNDERTAKER Arden Ellise (ADDRESS) Sikeston Mo.

20. FILED May 2 1936 W. H. Hensell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934, to April 2 1936

I last saw him alive on March 15 1936 Death is said to have occurred on the date stated above, at 1:00 am.

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

Senile Dementia

Date of onset

Other contributory causes of importance:

None

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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. Hensell M. D.
(Address) Sikeston Mo.

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.

