JUN 27 1936

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

Do not use this space.

21661

1. PLACE OF DEATH
County Scott
Township
City Sikeston
Registration District No. 821
Primary Registration District No. 4553
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME No 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): In fant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 1936

7. AGE: YEARS | MONTHS | DAYS 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In fant
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) Sikeston Mo

FATHER
13. NAME Alfred Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo Mo

MOTHER
15. MAIDEN NAME Thelma Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

17. INFORMANT (ADDRESS) Alfred Morris

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery County DATE May 6 1936

19. UNDERTAKER (ADDRESS) Burial in Cemetery

20. FILED 6-4-1936 Mo undertaker Burt Prewett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1936 to May 6 1936
I last saw her alive on Apr 30 1936 Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
5 days 1/2 months old	

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) A. A. Mayfield, 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.