

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.

DEC 4 1936

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

Do not use this space.

40098

1. PLACE OF DEATH

County Stoddard
Township Richland
City (No. _____)

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Foreta May M^cIntyre

(a) Residence, No. _____ St. _____ (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 Female 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ ✓ 13

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) Stoddard, Co. Mo.

FATHER 13. NAME Fresh M^cIntyre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

MOTHER 15. MAIDEN NAME Isnora Easterbrook

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

17. INFORMANT (ADDRESS) Fresh M^cIntyre, Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cem. DATE 10-3-1936

19. UNDERTAKER (ADDRESS) G. A. Dempster, Sikeston, Mo.

20. FILED Oct 5 - 1936 J. P. Brandon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1936

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

I last saw her alive on Oct 2, 1936. Death is said to have occurred on the date stated above, at 5:10 a.m.

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

Pneumonia (Bacterial) Date of onset _____

Other contributory causes of importance: 1936

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) J. P. Brandon, M. D.

(Address) Sikeston, Mo.

