

DEC 4 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ScottRegistration District No. 821File No. 49291

Township

Primary Registration District No. 4553

Registered No.

City Sikeston

(No)

St.

Ward)

2. FULL NAME

Infant Ables

(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

Male

4. COLOR OR RACE

White

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)

10/13/36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

Sikeston, Mo

FATHER

13. NAME

Lon J. Ables

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

Carlisle County Ky.

MOTHER

15. MAIDEN NAME

Ara Mason

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

Scott County Mo.

17. INFORMANT (ADDRESS)

L. J. Ables Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sikeston, Mo.DATE 10/14/36

19. UNDERTAKER (ADDRESS)

S. A. Dempster Sikeston, Mo.20. FILED Nov 6 1936W. H. B. B. B.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/131936

22. I HEREBY CERTIFY, That I attended deceased from

10-13-1936 to 10-13-1936I last saw h. Stillborn 19.36. Death is saidto have occurred on the date stated above, at 10:05 p.m.

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

Placental labor. (Baby was passed in Corneal)

Date of onset

Other contributory causes of importance:

Name of operation clinical Date of clinicalWhat test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19.Where did injury occur? no (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) Howard M. Hendry M. D.(Address) Sikeston Mo

