

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township 11
City Cape Girardeau, Mo.

Registration District No. 128
Primary Registration District No. 3009

File No. 15947
Registered No. 106
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sikeston, Mo. Ward Sikeston, Mo.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1935
7. AGE YEARS 2 MONTHS 4 DAYS 10 If LESS than 1 day,hrs. ormin.

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

13. NAME Roy Crawford

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

15. MAIDEN NAME Ana Kern

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

17. INFORMANT Roy Crawford (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE Feb 24 1937

19. UNDERTAKER Charles Ellis Fremont (ADDRESS) Sikeston, Mo.

20. FILED 4-1-37 J.M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937
22. I HEREBY CERTIFY, That I attended deceased from 2/14 1937 to 2/23 1937
I last saw him alive on 2/22 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Broncho)

Other contributory causes of importance:

Empyema

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) A. Smith, M. D.

(Address) Cape Girardeau

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.

