AUG 31 1937

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

Do not use this space.

28495

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

2. FULL NAME Richard L. Pravey
(a) Residence, No. Country 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1936
7. AGE YEARS MONTHS 9 DAYS 12 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) Cape Girardeau Mo

FATHER
13. NAME Richard B. Pravey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Ginova Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belk City Mo

17. INFORMANT (ADDRESS) Richard B. Pravey Sikeston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7-23 1937
19. UNDERTAKER (ADDRESS) Geo A Sempster Sikeston Mo
20. FILED 8-5 1937 Geo A Sempster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1937
22. I HEREBY CERTIFY That I attended deceased from July 17 1937 to July 25 1937
I last saw him alive on July 22 1937 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
9
Other contributory causes of importance:
Whooping Cough + Colitis
Date of onset
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) E J Nixon Jr, M. D.
(Address) Sikeston Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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