

NOV 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Scott Registration District No. 821  
Township Richland Primary Registration District No. 6070  
City (No. St. Ward)

File No. 38938  
Registered No.

2. FULL NAME Javan Massey

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 Unknown

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. Infant  
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) Scott County, Missouri

13. NAME Julius Massey  
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Francis County, Arkansas

15. MAIDEN NAME Emma Rigney  
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Arkansas

17. INFORMANT Julius Massey  
(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin, Mo. DATE Oct. 4, 1937

19. UNDERTAKER H. J. Welsh  
(ADDRESS) Sikeston, Mo.

20. FILED 11-6 1937 W. H. Beaman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937 to Oct 2, 1937  
I last saw him alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Acute Intermittent malaria. Date of onset ?

Other contributory causes of importance: 28

Name of operation Date of  
What test confirmed diagnosis? Clinical 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 Shawes C. McClure M. D.  
(Signed) Sikeston, Mo.  
(Address)

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.

