

DEC 28 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
Handwritten
42599

1. PLACE OF DEATH

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

2. FULL NAME Peggy Jean Melton

(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 Female 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 9

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 Robert Melton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County Missouri

15. MAIDEN NAME Dorothy Haltey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County Missouri

17. INFORMANT Robert Melton
(ADDRESS) Sikeston, Missouri

18. BURIAL PLACE Sikeston, Mo. DATE Nov. 7, 1937

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

20. FILED 12-7-37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1937 to Nov 6 1937.

I last saw him alive on Nov 5 1937. Death is said to have occurred on the date stated above, at 1 P.m.

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

Prematurity

Date of onset

Other contributory causes of importance:

15A

Name of operation Date of
What 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? 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) Harvard M. Kudy M. D.
(Address) Sikeston, Mo.

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.

