

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.

DEC 28 1937

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

Do not use this space.

42602

1. PLACE OF DEATH

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

2. FULL NAME

Mary Castleberry
(a) Residence, No. Sikeston, Mo R 4th #101 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-37

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-37

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 AM

7. AGE YEARS X MONTHS X DAYS X If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Date of onset _____

Premature Birth

Other contributory causes of importance: 159

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

Name of operation _____ Date of _____

13. NAME Lee Castleberry

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Mahala Rhodes

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Lee Castleberry
(ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ms Nulha DATE 11-19-37

Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 12-7-37 H. H. W. Proney
Registrar

If so, specify _____

(Signed) John P. Proney

(Address) W. H. Proney, Sikeston, Mo

