DEC'D MAR 24 1938

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

Do not use this space.

File No. 8315

Registered No.

1. PLACE OF DEATH 100

County Scott 100

Township Richland

City Sikeston, Mo. (No. ..... St. ..... Ward)

Registration District No. 821

Primary Registration District No. 6070

2. FULL NAME Bud Sewell 400

(a) Residence, No. Sikeston Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE (Col)

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — 1885

7. AGE YEARS 62 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 237

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) Mo. 1

FATHER

13. NAME C. Sewell 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 20

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Nige Sewell Sikeston, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Sikeston DATE Nov. 13 1937

19. UNDERTAKER (ADDRESS) Arden Ellis Funeral Home Sikeston, Mo.

20. FILED 3-8 1938 Gur & Presnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Nov 11 1938

I last saw him alive on Nov 1 1938 Death is said to have occurred on the date stated above, at 1:00 P.m.

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

Pulmonary Tuberculosis

Date of onset Dont know

Other contributory causes of importance: 23

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 .....

(Signed) Howard M Kind M. D.

539 (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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