

REC'D SEP 9 1938

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

30122
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Sikeston Primary Registration District No. 4223 Registered No. _____
(c) City Sikeston (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Patsy Francine Hadley 3411 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) 8-22-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Sikeston Mo
(STATE OR COUNTRY)

FATHER 13. NAME Herbert Hadley
14. BIRTHPLACE (CITY OR TOWN) ARK
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Florence Rosberry
16. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY)

17. INFORMANT Herbert Hadley
(ADDRESS) Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 8/26/38

19. FUNERAL DIRECTOR (NAME) G. A. Dempster
(ADDRESS) Sikeston Mo

20. FILED 9-8 1938 W. H. H. H. H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23 1938 to 8-25 1938
I last saw ER alive on 8-25 1938 Death is said to have occurred on the date stated above, at 12:30 pm.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 8-23-38
159

Other contributory causes of importance: Congenital Atelectasis

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: No
Accident, suicide, or homicide? _____ Date of injury _____ 1938
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? No
If so, specify _____
(Signed) W. H. H. H. M. D.

(Address) Sikeston Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed G. A. Simpson

Licensed Embalmer No. 2021

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.