

DEC'D JAN 11 1939

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

44630
Do not use this space.

1. PLACE OF DEATH Scott 2

(a) County Scott Registration District No. 821
 (b) Township Wicksburg Primary Registration District No. 6070
 (c) City Sikeston, Mo. (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 Thomas P. Nolan
 (a) Residence, No. Sikeston, Mo. (4th Mo. Natl. Westg. City)
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>82</u>	<u>1</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) (STATE OR COUNTRY) Sikeston, 1 Kentucky, Mo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 9

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 9

17. INFORMANT J. F. Altom
(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park
PLACE Sikeston, Mo. DATE Dec 8th 1938

19. FUNERAL DIRECTOR (NAME) Arden Ellis
(ADDRESS) Sikeston, Mo.

20. FILED _____, 19 _____
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h 107 alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Aneurysm Date of onset _____
82 M
 Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) W. P. Pruell, M. D.
Sikeston, Mo.
 539 (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.

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, Dec 6/19

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Arden Ellist

Licensed Embalmer No. 3869

P. O. Address Sikeston, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44630
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Richland Primary Registration District No. 6076 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(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. Thomson P. Nolan
Sikeston Mo. 4 mi. NW 76th St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 74 1856

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 m.

7. AGE YEARS 82 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage (Date of onset _____)

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 _____

Other contributory causes of importance: Hyperextension

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

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical as there an autopsy? no

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. F. Johnston

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE Dec 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Arden, Ellis

20. FILED 2-6 1939 J. H. Horne Local Registrar

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) G. W. H. Pressnell, M. D.
(Address) Sikeston Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

