

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.

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

Do not use this space.

REC'D MAR 10 1939

**1. PLACE OF DEATH**

County Dunklin Registration District No. 287  
 Township Day Primary Registration District No. 4171  
 City Hannibal (No. 3)

File No. 6414  
 Registered No. 8  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 . 1939

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1910

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>4</u>	<u>17</u>	

Unattended by a physician  
 Sepsis poisoning  
 Date of onset \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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 \_\_\_\_\_

Other contributory causes of importance: 16 1/2'  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Senath  
(STATE OR COUNTRY) Mo. Mo. 16

13. NAME Jesse Wilkins

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

15. MAIDEN NAME Rachel Lovewell

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

17. INFORMANT Georgia Thomas  
(ADDRESS) Senath Mo. 16

18. BURIAL, CREMATION, OR REMOVAL PLACE Walpers DATE Feb. 6 1939

19. UNDERTAKER Emerson Burns  
(ADDRESS) Hannibal Mo.

20. FILED 2/6 1939 E. Cope Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide suicidal 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) George G. Belmont M.D.  
Coroner of Dunklin Co.  
 (Address) \_\_\_\_\_  
Hannibal Mo.

RECEIVED

District Health Officer, No.

District File Number 39-20

Date Filed 3/7/39