REC'D MAR 21 1939

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

Do not use this space. 7387

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 651
(b) Township or City Caruthersville Primary Registration District No. 4388 Registered No. 25
(c) (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 343 Jimmie Rose Middleton
(a) Residence, No. 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1939
7. AGE YEARS 0 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Caruthersville, Missouri

FATHER
13. NAME James E. Middleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yepera, Miss.

MOTHER
15. MAIDEN NAME Mary Opal Lucas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

17. INFORMANT (ADDRESS) James E. Middleton Caruthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE 2/5 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge Und. Co Caruthersville, Mo
20. FILED Feb. 28, 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 11:00 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
unknown, no attending Physician
Date of onset
Other contributory causes of importance: 200 B'
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:
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. Phipps, cit. physician M.D.
(Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 3,
District File Number 39-201
Date Filed 3/7/39

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 N.T. Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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

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