

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.

100 MAR 17 1939

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

7951

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Richland Primary Registration District No. 4553
(c) City Sikeston, Mo. (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 Mrs. Alice Brooks

(a) Residence, No. Sikeston, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Henry Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 1690 one 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1939, to 1-31, 1939
I last saw him alive on 1-31, 1939 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

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

Encephalitis
(non epidemic) Date of onset 1-28-39

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

Other contributory causes of importance:
Acute Influenza

13. NAME James Morton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Alice Morton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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.

17. INFORMANT (ADDRESS) Mary McFadden
Sikeston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pocahontas, Mo DATE Feb. 2, 1939

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Thomas C. McChesney, D.
Sikeston, Mo.

20. FILED 2-6 1939 W. H. Orin
Local Registrar.

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. Dempster

Licensed Embalmer No. *2021*

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.