

REC'D MAR 8 1939

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

7953

Do not use this space.

## 1. PLACE OF DEATH

(a) County Scott Registration District No. 821  
(b) Township 1 Primary Registration District No. 4553 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

Emmie Myrtle Willie  
(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harper Willis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 4 0

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. Home work  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Supply (STATE OR COUNTRY) Ark.

FATHER 13. NAME W.M. Cockrum  
14. BIRTHPLACE (CITY OR TOWN) Supply (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Elizabeth Spence  
16. BIRTHPLACE (CITY OR TOWN) Supply (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Harper Willis  
Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 2-18-39

19. FUNERAL DIRECTOR (NAME) Albritton (ADDRESS) Sikeston Mo.

20. FILED 3-7 1939 W.H. Pruitt Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1939

22. I HEREBY CERTIFY That I attended deceased from Aug 1, 1938, to Feb 16, 1939. I last saw him alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 7:40 pm. The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis Date of onset 5-1-38

Other contributory causes of importance: 23'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_ (Signed) Merlin Glenderson, M. D.

(Address) Sikeston, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**