

1939 APR 11 1939

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

10592
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 914
(b) Township MOREAU Primary Registration District No. 5294
(c) City or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Vertie Sicks

(a) Residence, No. Russellville, 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house maid
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) Russellville, Mo. (STATE OR COUNTRY) Mo.

13. NAME Sammy Templeton

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

15. MAIDEN NAME Mary Enloe

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

17. INFORMANT Mrs. Anna Shikles (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cem. DATE Mar. 2nd, 1939.

19. FUNERAL DIRECTOR (NAME) H. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Mar 11 1939 Mr. Mabel Barber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1st, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, 19....., to Mar. 1, 1939, 19.....

I last saw her alive on Feb. 25, 1939, 19..... Death is said to have occurred on the date stated above, at 2-30 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Encephalitis (Traumatic) Date of onset 1/15/39

Other contributory causes of importance:

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 Walter S. Sisk M. D.
(Signed) Russellville Mo

WHITE PLAIN... ADING INK... IS A PERMANENT RECORD

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.

1948
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DEPARTMENT OF HEALTH
PUBLIC HEALTH

STATEMENT BY LICENSED EMBALMER

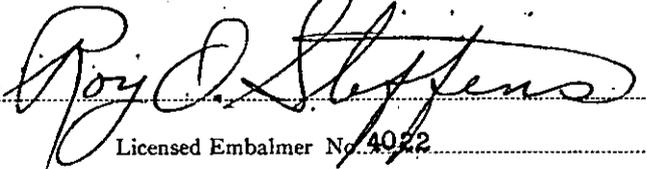
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Roy O. Steffens

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 4072

P. O. Address Russellville, 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
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CERTIFICATE OF DEATH

10592
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 214
(b) Township Moreau Primary Registration District No. 0294 Registered No. 5
(c) City..... (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 Vertie Hicks

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no record

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 29

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-1939

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

I last saw him... 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:

acute Encephalitis (traumatic) Date of onset

Other contributory causes of importance:

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? Accident Date of injury Jan. 17, 1939

Where did injury occur? Edenville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell in her room as she was preparing to get down upon bed

Nature of injury symptoms of brain fever followed the accident

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Walter L. Leslie, M. D.

(Address) Russellville Mo.

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.

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

SUPPLEMENTARY

MAY - 3 1939