

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

15992
Do not use this space.

REC'D MAY 22 1939

1. PLACE OF DEATH
- (a) County St. Francois Registration District No. 773
- (b) Township _____ Primary Registration District No. 4464
- (c) City Farrington (d) Street No. _____ St.
- (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 330 Charles Royie Southick
- (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 <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mariala Frank Southick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30, 1872</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. <u>Labourer</u>		
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) <u>Farrington, Mo</u>		
13. NAME <u>Hillard Southick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mariala Southick Farrington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Earl Masonic</u> DATE <u>4/2</u> 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wendell Vind Co Farrington, Mo</u>		
20. FILED <u>April 3, 1939</u> <u>W. J. Robinson</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1935 to Mar 31 1935

I last saw him alive on March 22 1935. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date onset 1935

Endocarditis 1935

131

Other contributory causes of importance:

Senility, Hypertension

nephritis yes

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) R. M. Sturfield M. D.

697 (Address) Farrington Mo

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

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,

C. J. Floyd

, or by *Me*

Registered Apprentice No., working under my personal supervision. *with Heident rurd co.*

Signed *C. J. Floyd.*

Licensed Embalmer No. *3527*

(Bot 389)
P. O. Address *Farmington, Md.*

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.