

JUL 13 1939

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

Do not use this space.

1. PLACE OF DEATH

100 County Scott

Registration District No. 821

File No. 23395

Township.....

Primary Registration District No. 4553

Registered No.....

City Sikeston (No.....) St. Ward)

2. FULL NAME

(a) Residence, No. 211 Handy Sikeston, Mo. (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/39 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LURA ELKINS

22. I HEREBY CERTIFY, That I attended deceased from 6-1-39 19 to 6-16-39 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4, 1879

I last saw him alive on 6/15 19. Death is said to have occurred on the date stated above, at 1 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 59 0 18

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation 1

Pulmonary Tuberculosis
the throat
Date of onset June 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Missouri Illinois

Other contributory causes of importance:
Tuberculosis of the throat

13. NAME Tom Elkins Illinois

Name of operation..... Date of.....
What test confirmed diagnosis clinical Was there an autopsy? no

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

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Illinois

17. INFORMANT Lura Elkins (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miner Missouri DATE June 17, 1939

19. UNDERTAKER Ellise Funeral Home (ADDRESS) Sikeston Missouri

20. FILED 7-6 1939 W. H. B. Russell Registrar.

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) W. H. B. Russell M. D.
(Address) Sikeston 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.

RECEIVED

District Health Officer No. 2,

District File Number 739-19

Date Filed 2-11