

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.

JUL 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County Scott

Registration District No. 821

Township Richland

Primary Registration District No. 44553

City Sikeston

(No. _____)

St. _____

Ward _____

File No. 23396

Registered No. _____

2. FULL NAME Janice Ransom

(a) Residence, No. _____

St. _____

Ward _____

(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.

moe.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1938

7. AGE

YEARS 1

MONTHS 5

DAYS 1

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) Sikeston
(STATE OR COUNTRY) State of Mo. County of Scott

13. NAME Janice Ransom

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

15. MAIDEN NAME Annie Ransom

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

17. INFORMANT Janice Ransom
(ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sikeston, Mo. DATE June 23, 1939

19. UNDERTAKER Forattie Schiltz
(ADDRESS) Sikeston, Mo.

20. FILED 7-6-39

1939

W. H. Greenwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-22-1939 to 6-22-1939

I last saw him alive on 6-22-39, 19____. Death is said to have occurred on the date stated above, at 5 P.M.

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

Infantile Diarrhea

Date of onset 6-22-39

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? Clinical 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 V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thayer O. McClure, M. D.

(Address) Sikeston, Mo.

RECEIVED

District Health Officer No. 4

District File Number 739-16

Date Filed 2-11