

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.

REC'D SEP 20 1939

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

28756  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125  
(b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 273  
(c) City St. Louis (d) Street No. South East Mo. Hospital St. St. Louis  
(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 Midkiff, Mr. Thomas

(a) Residence, No. Clarkton, Mo. St. Clarkton, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11-1888  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 10 6  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) 8-3-39 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown S

FATHER 13. NAME Midkiff, Mr. John 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Laura Clda 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden

17. INFORMANT (ADDRESS) Mr. Herbert Midkiff  
Clarkton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES Stanfield Cemetery DATE 8-7-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Funeral Home  
Campbell, Mo.

20. FILED 8-6-39 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1939 to Aug 6 1939. I last saw him alive on Aug 5 1939. Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Ruptured Urinary Bladder Date of onset 8-5-39  
Crushed Pelvis

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physical 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 8-5-1939  
Where did injury occur? Clarkton Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. in own home

Manner of injury head of Ray turned over which  
struck him on the spine  
Nature of injury Crushed Pelvis & Ruptured Bladder

24. Was disease or injury in any way related to occupation of deceased? no  
(Signed) J. M. Thompson, M. D.  
(Address) Cape Girardeau 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.....

*W. L. Sanders*

Licensed Embalmer No.....

P. O. Address.....

*Campbell M*

**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.**