

ALSO FEB 18 1941

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

Do not use this space.

4512

1. PLACE OF DEATH

County Booth
Township Richland
City Sikeston (No. _____)

Registration District No. 821
Primary Registration District No. 4553

File No. 100
Registered No. 5
St. _____ Ward 2

2. FULL NAME

Sula McCord

(a) Residence, No. 946 1/2 Lake St. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 wk How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband J. C. McCord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Illinois

13. NAME Tom Fay

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) 946 1/2 Lake St. Sula McCord

18. BURIAL, CREMATION, OR REMOVAL PLACE Board Chapel DATE 1/20/41

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 2-3-41 1941 W. H. ... Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1941

22. I HEREBY CERTIFY, That I attended deceased from 1-18 to 1-20, 1941
I last saw him alive on 1-20, 1941. Death is said to have occurred on the date stated above, at 12:55 pm.
The principal cause of death and related causes of importance were as follows:

Acute Influenza
Date of onset 1-14-41

Other contributory causes of importance: _____

Name of operation none 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: no
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) Maxlin G. Anderson, 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 241-231

Date Filed 2/11/41