

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

Do not use this space.

1. PLACE OF DEATH

County Agate

Township Leckland

City Leckland (No. 1000)

Registration District No. 871

Primary Registration District No. 6070

File No. 1135242

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

3. SEX

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John Elkins

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

Oct-11-1876

7. AGE

YEARS

56

MONTHS

11

DAYS

21

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.

Hotel

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)

Anna, Ill

13. NAME

Y

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

15. MAIDEN NAME

Y

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

Y

17. INFORMANT (ADDRESS)

Miss Maude Stiger, Sikeston, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park

DATE 10-4-33

19. UNDERTAKER (ADDRESS)

G. A. Armstrong, Sikeston, Mo

20. FILE

19 _____

3 Walter Davis, Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1928, to Oct 2, 1933

last saw him alive on Oct 1, 1933 Death is said

to have occurred on the date stated above, at 10 P. m.

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

Carcinoma of the lower jaw

450

145

Other contributory causes of importance:

malnutrition

3

Name of operation Radium Date of _____

What test confirmed diagnosis? Pathological 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?

If so, specify _____ (Signed) James C. Mc Cleve, M. D.

(Address) Sikeston, Mo.

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.

NOV 10 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

