

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.

MAY 12 1939

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

14462
Do not use this space.

1. PLACE OF DEATH

(a) County **Cape**
(b) Township
(c) City **Cape Girardeau, Mo.**

St. Francis Hospital 124
Registration District No.
Primary Registration District No. **3009**

Registered No. **149**

(e) Length of residence in city or town where death occurred

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

457 Tom Williams
(a) Residence, No. **Sikeston, Mo.**

(Usual place of abode, if no street address, write county or city) St. **Sikeston, Mo.**
(If nonresident, give city, or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 2 1854**

7. AGE YEARS **85** MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Reti red**
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) **Barkley, Tenn.**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **St. Francis Hospital Cape Girardeau, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sikeston, Mo.** DATE **April 15, 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arden Ellise Sikeston, Mo.**

20. FILED **4-12-39** **121**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 12, 39**

22. I HEREBY CERTIFY, That I attended deceased from **4-11** 19**39**, to **4-12** 19**39**

I last saw h. **im** alive on **4-12** 19**39**. Death is said to have occurred on the date stated above, at **10:15 am** m.

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

Extensive second and third degree burns of head, neck, chest, back arms and hands 4-11-39

Other contributory causes of importance:

Name of operation **None** Date of _____
What test confirmed diagnosis? **Examin** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **4-11-1939**
Where did injury occur? **Sikeston, South County, Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home - (Sleeping, while house burned)
Manner of injury **Accidental**
Nature of injury **Burns**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **P. G. Ritter** M. D.
(Address) **Cape Girardeau Mo.**

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.