

U.S.D. MAY 18 1939

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

15714
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 653
(b) Township Hayti Primary Registration District No. 4390 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie SUGGS
(a) Residence, No. _____ city _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Suggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Cafe
10. Date deceased last worked at this occupation (month and year) 4-10-39 11. Total time (years) spent in this occupation 11
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tabinsonville, Miss
13. NAME Armetiad Wilbur FATHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Ala.
15. MAIDEN NAME Mattie Stecky MOTHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Ala.
17. INFORMANT (ADDRESS) Francis G. Turner, Wilson, Ark.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti - Mo DATE 4-30-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. T. Smith, Hayti, Mo.
20. FILED 4-28-39 J. W. Hodges Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1939, to 4-27, 1939
I last saw him alive on 4-26, 1939. Death is said to have occurred on the date stated above, at 12:30 A. M.
The principal cause of death and related causes of importance were as follows:
Uremia
Date of onset 3-27-39
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? S.T.S. 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? no
If so, specify _____
(Signed) A. G. Shiver, M. D.
587 (Address) Hayti, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

1326

RECEIVED

District Health Officer No. 3,

District File Number 39-320

Date Filed 5-9-39

NOV 17 1939

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Demiseot Registration District No. 653
 (b) Township Hayti Primary Registration District No. 4390 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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 Mattie Suggs

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . hrs. or . . . min.
43 10 12

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.
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19 _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1939

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

maternal Date of onset _____

probable chronic nephritis 31-39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. S. Shirey, M. D.

(Address) Hayti Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not omit any occupation supplied. AGE should be stated EXACTLY. PHYSICIANS should state

