REC'D JUN 19 1939

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

18251
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau — Registration District No. 125

(b) Township " — Primary Registration District No. 3009 — Registered No. 180

(c) City or Cape Girardeau — (d) Street No. St. Francis Hospital 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.

620

2. PRINT FULL NAME Baby boy of Mr. & Mrs. Hugh Trickey

(a) Residence, No. 559a South Spring St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

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) Cape Girardeau, Mo. 0

FATHER

13. NAME Hugh Trickey 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo. 0

MOTHER

15. MAIDEN NAME Lucille Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo.

17. INFORMANT Hugh Trickey
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cemt. DATE May 16, 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman
(ADDRESS) Cape Girardeau, Mo. 121

20. FILED J-16 1939 J. M. Thompson
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to May 16, 1939

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:25 Am.

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

Stillborn

	Date of onset

Other contributory causes of importance:

Name of operation ... 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:

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) Chas. L. Herbert, M. D.

(Address) 630 Good Hope, Cape Girardeau, 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.

X16603

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.