Anderson

REC'D AUG 9 1939

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

26981
Do not use this space.

1. PLACE OF DEATH
(a) County Scott — Registration District No. 821
(b) Township ~~Richland~~ — Primary Registration District No. 4253 — Registered No.
or
(c) City Sikeston — (d) Street No. (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.

110

2. PRINT FULL NAME Merlin Glenn Spivey
(a) Residence, No. Sikeston, Missouri 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1939

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 7 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.: Infant
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): Sikeston, Missouri

FATHER
13. NAME: Elmes Hilton Spivey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mount Vernon Indiana

MOTHER
15. MAIDEN NAME: Dona Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sikeston Missouri

17. INFORMANT (ADDRESS): Elmes Hilton Spivey Sikeston, Missouri

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Carpenter Come. DATE July 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. J. Walsh Sikeston, Mis.

20. FILED 8-4 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939 to July 24, 1939 I last saw him alive on July 24, 1939 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ mo. Bab)	7-23-39
Congenital atelectasis	7-28-39

Other contributory causes of importance: 154

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? no
If so, specify
(Signed) Merlin G. Anderson M. D.
(Address) Sikeston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

RECEIVED
District Health Officer No. 2
District File Number 839-127
Date Filed 8-7

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.

Body not embalmed

Signed .....

Licensed Embalmer No. 774

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.