

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

Do not use this space.

FILED OCT 12 1940

31600

1. PLACE OF DEATH
 County CAPE GIRARDEAU Registration District No. 125
 Township 0 Primary Registration District No. 3009
 City CAPE GIRARDEAU (No. ST. FRANCIS HOSPITAL St. 293 Ward)

2. FULL NAME JOYCE ELLEN CONDUCT
 (a) Residence, No. SIKESTON, MO. 411 SHORT ST. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE W 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) MAR 22-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 5 9

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. 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) SIKESTON (STATE OR COUNTRY) MO.

13. NAME LILLIAN COUNCIL

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

15. MAIDEN NAME ROBERT CONDUCT

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

17. INFORMANT ROBERT CONDUCT (ADDRESS) SIKESTON MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SIKESTON, MO. DATE 9-2-40

19. UNDERTAKER H. W. [unclear] (ADDRESS) SIKESTON, MO.

20. FILED 9-1-40 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/31, 1940, to 9/1, 1940.

I last saw him alive on 8/31, 1940. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Ileo-colitis

Date of onset

July 1st

Other contributory causes of importance: 119A

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) J. H. Cochran M. D.

(Address) Cape Girardeau, 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.

myself. Body Embellished by

Harvey S. Johnson
Sikeston, Mo.
F. E. #3704