26 1928

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

30659-G

Do not use this space. 30659-G

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 577
Township — Primary Registration District No. 5802 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME George Washington Poney
(a) Residence. No. — St., — Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8-1871

7. AGE: Years 54 — Months 10 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Mo.

PARENTS
10. NAME OF FATHER: Lige Poney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Prince
12. MAIDEN NAME OF MOTHER: Sidney Kent
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Clara Young
(Address) New Madrid Mo.

15. FILED 6/19, 1928 W. O. Bannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-14 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept-1, 1925, to Oct-14, 1925 that I last saw him alive on Oct-10, 1925, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pul. Tuberculosis
238 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. O. Bannon M.D.
6/17, 1928 (Address) Co. Health Office

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Newson Cem. — DATE OF BURIAL: 10-15 1925

20. UNDERTAKER: Richard Hunt — ADDRESS: New Madrid

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.