AUG 18 1927 Dr. A. Martin

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

Do not use this space. 22047 C

1. PLACE OF DEATH
County New Madrid Co. Registration District No. 567 File No.
Township St. Johns Primary Registration District No. 5803 Registered No. 39
City ~~Matthews~~ (No. St. Ward)

2. FULL NAME Rachel Calendonia Widener
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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 Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF → George W. Widner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1851

7. AGE YEARS 75 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House keeper
(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) Tenn.

PARENTS
10. NAME OF FATHER ~~Eastern~~ Mr. Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spry Co. Mo.
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Ray Widener
(Address) Matthews Mo.

15. FILED 8.6.1927 Duff M Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927, to July 19, 1927, that I last saw her alive on July 17, 1927, and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial Fever (Remittent Type)
38 (duration) yrs. mos. 2 days

CONTRIBUTORY (SECONDARY) 5 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. J. Martin, M.D.
, 19 (Address) East Prairie Mo.

*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 Sikeston DATE OF BURIAL July 20 1927

20. UNDERTAKER Travis Shelby ADDRESS E. Prairie

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.