

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

Do not use this space.

7385

1. PLACE OF DEATH

County *New Madrid*

Registration District No. *607*

File No. *9*

Township *Portage*

Primary Registration District No. *3306*

Registered No. *9*

City *Portageville* (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____
(Usual place of abode)

Ward. _____

(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

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Walker Hughes

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

Sept. 23rd 1893

7. AGE

YEARS *35*

MONTHS *4*

DAYS *26*

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Mrs. Geo. Hart

10. NAME OF FATHER

Geo. Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

George Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Portageville Mo

14. INFORMANT

(Address)

*Walker Hughes
Portageville Mo*

15. FILED

3/8/19

A. O. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-19-1929

17.

I HEREBY CERTIFY, That I attended deceased from *Nov. 18*, 19*28*, to *2/19*, 19*29*, that I last saw him alive on *Feb 12*, 19*29*, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. J. O'Keefe*, M. D.

, 19 (Address) *Portageville Mo*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF _____

Portageville cemetery

20. UNDERTAKER

R. M. Payne

ADDRESS

Portageville

M. 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.

MAR 25 1929

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