

SEP 24 1930

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

Do not use this space.

26328

1. PLACE OF DEATH

County Dunklin
Township Cotton Hills
City Malden (No. _____)

Registration District No. 289
Primary Registration District No. 4173

File No. _____
Registered No. 388
St. _____ Ward _____

2. FULL NAME Etta Padfield

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 31 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1930, 1930, to Aug 31 1930, 1930, that I last saw her alive on Aug 31 1930 and that death occurred, on the date stated above, at 7:45 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18 1889

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 0 13

Pulmonary Tuberculosis

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). Home keeping
(c) Name of employer Self

2 238 (duration) 2 yrs. 0 mos. 0 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mills Springs Mo.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 6 yrs. 0 mos. 0 ds.

10. NAME OF FATHER Jack Trusty

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

12. MAIDEN NAME OF MOTHER Sarah Staggs

20. WAS THERE AN AUTOPSY? no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

WHAT TEST CONFIRMED DIAGNOSIS clinical & laboratory

14. INFORMANT C. H. Padfield (Address) Malden Mo.

(Signed) S. E. Mitchell, M. D. 9/1 1930 (Address) Malden Mo

15. FILED 8/31 1930 S. E. Mitchell REGISTRAR

*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 Malden Mo. DATE OF BURIAL 9/1 1930

20. UNDERTAKER W. L. Larraig ADDRESS Malden

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.

