

OCT 30 1930

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

Do not use this space.

30593

1. PLACE OF DEATH

County New Madrid
Township Gideon Mo
City Gideon Mo

Registration District No. 55
Primary Registration District No. 4033

File No. 8
Registered No. 861
St. _____ Ward _____

2. FULL NAME

Angeline Mc Bride

(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) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1930, to Sept 12 1930 that I last saw her alive on Sept 18 1930 and that death occurred, on the date stated above, at 11:20 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 1897

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>52</u>	<u>8</u>	<u>26</u>	<u>26</u>	

Heart, pleura

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

CONTRIBUTORY (SECONDARY) 205 W (duration) 12 mos. 12 ds.

9. BIRTHPLACE (CITY OR TOWN) Piggott Ark
(STATE OR COUNTRY) _____

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

PARENTS
10. NAME OF FATHER Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY) _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) B. S. Peers, M. D.

14. INFORMANT Toy of office
(Address) Gideon Mo Piggott Ark
15. FILED Oct 10 1930 M. V. Mummery 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 Piggott Ark DATE OF BURIAL Sept 13 1930
20. LINDERTAKER Wheeler & Brown Piggott Ark ADDRESS _____

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.

