

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

Do not use this space.

15054

3A

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

File No. 3A

Township New Madrid

Primary Registration District No. 5802

Registered No. _____

City New Madrid

435-8

St. _____ Ward _____

2. FULL NAME

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Major Wade

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873 Feb 22

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>58</u>	<u>2</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Bob East Fofont

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

15. MAIDEN NAME Ann Foley

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

17. INFORMANT Major Wade (ADDRESS) New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Community DATE April 24, 1931

19. UNDERTAKER Richards Undert Co., (ADDRESS) New Madrid

20. FILED 4/25, 1931 W. W. Cannon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1930, to 4-22, 1931. I last saw him alive on 4-22, 1931. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis - involving lungs
Subsequent of tubercles
23A
25

Other contributory causes of importance: 23-01

Name of operation _____ Date of _____
What test confirmed diagnosis? Tubercle Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. W. Cannon, M. D.
(Address) New Madrid Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1931

72
7
2

