

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.

JUN 27 1931

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

Do not use this space.

18770

## 1. PLACE OF DEATH

County *New Madrid*Township *Portage*City *Portageville* (No. *607*)Registration District No. *4361*

Primary Registration District No.

File No. *14*

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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

*male*

4. COLOR OR RACE

*white*5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)*single*5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF*Child*

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

*11-2-1922*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.*8**6**27*

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*Child*9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Portageville Mo.*

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

*Minnie L. Lewis*16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*New Madrid Mo.*17. INFORMANT  
(ADDRESS)*Ray Edgcomb*

18. BURIAL, CREMATION, OR REMOVAL

*Portageville cemetery* DATE *5-31-31*19. UNDERTAKER  
(ADDRESS)*W. M. Payne*

20. FILED

*6/8*19 *31*

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

*5-29-1931*

22. I HEREBY CERTIFY, That I attended deceased from

*Saw him only after death.*

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at *II P.M.*

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

Date of onset

*Killed almost instantly in  
car wreck on highway 61  
two cars collided*

Other contributory causes of importance:

*None*Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *5/29-1931*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*On highway*Manner of injury *Skull fractured by fall*Nature of injury *Fracture of skull and*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *hemorrhage*

(Signed)

(Address)

M. D.

*Portageville, Mo.*

