

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

Do not use this space.

25733

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1. PLACE OF DEATH

County New Madrid
Township 1 1 2
City New Madrid (No. _____)

Registration District No. 604
Primary Registration District No. 3802

File No. _____
Registered No. _____
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

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 occupation _____

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

MOTHER FATHER
13. NAME loyd Vaun

14. BIRTHPLACE (CITY OR TOWN) Portoquille (STATE OR COUNTRY) Mo

MOTHER FATHER
15. MAIDEN NAME Grace Jackson

16. BIRTHPLACE (CITY OR TOWN) Portoquille (STATE OR COUNTRY) Mo

17. INFORMANT John Jackson (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring DATE July 14 1931

19. UNDERTAKER Richards Pub Co. (ADDRESS) New Madrid

20. FILED 7/22 1931 Mohamm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1931
22. I HEREBY CERTIFY that I attended deceased from July 18, 1931 to July 18, 1931
I last saw him alive on July 18, 1931. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Colic
Date of onset _____

Other contributory causes of importance:
119B
119

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

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?
If so, specify _____
(Signed) M. C. Mill M.D.
(Address) New Madrid Mo

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.

SEP 26 1931

