

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

28908

1. PLACE OF DEATH

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

Registration District No. 604
Primary Registration District No. 5802

File No. 102
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 female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓ (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 1 23

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) (STATE OR COUNTRY) New Madrid mo

13. NAME Lee Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) alab

15. MAIDEN NAME Jesse Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) alab.

17. INFORMANT Lee Thompson (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Wade Cemetery DATE Aug 27 1931

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

20. FILED 8/27 1931 W. J. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A.M.

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

Died without medical attention (Cause unknown Led not been seen) 1900B
Other contributory causes of importance: 207-13

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 W. J. Cannon M. D.

(Signed) W. J. Cannon M. D. (Address) Co. Health Officer

SEP 26 1931

