

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

Do not use this space.

35149

1. PLACE OF DEATH

County New Madrid Registration District No. 604
Township LeSieur Primary Registration District No. 5803
City (No. _____) St. _____ Ward _____

2. FULL NAME

FLOYD CREDITH SOUDERS

(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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 7th 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	1	1	13	

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 occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Portageville
(STATE OR COUNTRY) Mo

13. NAME RUFUS SOUDERS

14. BIRTHPLACE (CITY OR TOWN) NEW MADRID COUNTY
(STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME DORA SAULS

16. BIRTHPLACE (CITY OR TOWN) NEW MADRID COUNTY
(STATE OR COUNTRY) MISSOURI

17. INFORMANT RUFUS SOUDERS
(ADDRESS) PORTAGEVILLE, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE PORTAGEVILLE DATE Oct., 21 1931

Acting 19. UNDERTAKER [Signature]
(ADDRESS) Portageville, Mo.

20. FILED 11/9 1931 [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct., 20 1931
22. I HEREBY CERTIFY, That I attended deceased from Only Oct. 18, 1931, to _____, 19____
I last saw him alive on Oct., 18, 1931. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Enterocolitis
9
1198
Other contributory causes of importance:
Perforated
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) A. A. Fisher M. D.
(Address) Portageville, Mo.

WRITE PLAIN, 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.

NOV 5 1931

