

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

Do not use this space.

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.

APR 26 1932

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 1604 File No. 23516
 Township _____ Primary Registration District No. 5802 Registered No. _____
 City " (No. _____) St. _____ Ward _____
 2. FULL NAME J. B. Corran
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-31
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 11 months _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X X X
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X X
 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 J. Corran
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron, Mo
 15. MAIDEN NAME Minnie George Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Mo
 17. INFORMANT J. Corran
 (ADDRESS) New Madrid
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Cem DATE 7-4 1932
 19. UNDERTAKER Richards and Co
 (ADDRESS) _____
 20. FILED 7/11 1932 J. P. Johnson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1932, to 7-3, 1932.
 I last saw him alive on 7-2, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis Infantaria
 Other contributory causes of importance: no known
 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? no
 If so, specify _____
 (Signed) M. L. Diggs, M. D.
 (Address) New Madrid Mo

