

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

Do not use this space.

29890

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604
 Township " " Primary Registration District No. 5802
 City " " (No. " ") St. " " Ward " "

2. FULL NAME James Withers
 (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.

File No. 1-6-6
 Registered No. " " St. " " Ward " "

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Withers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9 1902
 7. AGE YEARS 30 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
 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) Miss 2

FATHER 13. NAME Jesse Withers 8

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

MOTHER 15. MAIDEN NAME Sarah Whittaker

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

17. INFORMANT Jesse Withers
 (ADDRESS) New Madrid Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenanssee Cem. DATE 9-16 1932

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

20. FILED 9/17/ 1932 W. O. Bauman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1932 to Sept. 13th 1932
 I last saw him alive on Sept. 14th 1932 Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Typhoid Fever
 Other contributory causes of importance:
10

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 P. E. Jones
 (Signed) P. E. Jones M. D.
 (Address) Adelton, 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.

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 24 1932

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