

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

Do not use this space.

**36504**

**1. PLACE OF DEATH**

72 County New Madrid  
Township New Madrid  
City New Madrid (No. 4358)

Registration District No. 604  
Primary Registration District No. 2802

File No. 266  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Gold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1894

7. AGE YEARS 48 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 238

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) Mo 1

MOTHER 13. NAME Bob Lyma

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Len 2

15. MAIDEN NAME Modest Mauleby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Fannie Donell (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Community Cem DATE 11-2 1932

19. UNDERTAKER Richardson and Co (ADDRESS) New Madrid

20. FILED 11/23/32 1932 W. J. O'Bannan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31st 1932 to Nov. 1st 1932

I last saw her alive on Nov. 1st 1932. Death is said to have occurred on the date stated above, at 12:45 m.

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

37A Apoplexy  
Cerebral Hemorrhage  
Other contributory causes of importance: Stroke

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 \_\_\_\_\_, 1932

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) McMills, M. D.

(Address) New Madrid

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 25 1932

