

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

Do not use this space.

2490

JAN 27 1933

72

1. PLACE OF DEATH

County New Madrid
Township 11
City 11 (No.)

Registration District No. 604
Primary Registration District No. 5802

File No. 299
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 male 4. COLOR OR RACE Negro 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) 1-28-1908
7. AGE - YEARS - MONTHS - DAYS - If LESS than 1 day, hrs. or min. 27 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet 173
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) New Madrid Mo (STATE OR COUNTRY)

13. NAME Dario Bequenny

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

15. MAIDEN NAME Jelie Hereford

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

17. INFORMANT Marion Hereford (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE Empire Cem DATE 1/18/33

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

20. FILED 1/19 1933 W. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

Killed by gunshot through the heart. Date of onset

Other contributory causes of importance:

Name of operation 173 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? HOMICIDE Date of injury 1-15, 1933

Where did injury occur? New Madrid Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Shot through heart
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Richards, Coroner (Address) New Madrid

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.

