

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

Do not use this space.

6626

1. PLACE OF DEATH

County New Madrid
Township L. Four
City (No. 777)

Registration District No. 604
Primary Registration District No. 5802

File No. 310
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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 1868</u>				
7. AGE	YEARS <u>65</u>	MONTHS -	DAYS -	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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) <u>New Madrid Mo</u>				
MOTHER	13. NAME <u>Dora Thant</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Mo</u>			
	15. MAIDEN NAME <u>Dora Ann</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Mo</u>				
17. INFORMANT (ADDRESS) <u>J. L. Blanchard, Paducah Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>to farm</u>		DATE <u>2/2/33</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>				
20. FILED <u>2/21/33</u> <u>W. J. Garrison</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
Jan 25, 1933, to July 1, 1933
I last saw him alive on Jan 30, 1933 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Lata Pneumonia Date of onset 108

Other contributory causes of importance:

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? No 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) W. J. Garrison, M. D.
(Address) New Madrid 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.

