MARGIN RESERVED FOR BINDING

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.

MAY 22 1933

V. S. No. 2

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

Do not use this space. 14032

1. PLACE OF DEATH
County New Madrid
Township Portage
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 607
Primary Registration District No. 5806

File No. 15
Registered No. .....

72

2. FULL NAME Mary Allie Stanfield

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lee Stanfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31st, 1901

7. AGE: YEARS 31 | MONTHS 8 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Tennessee.

FATHER
13. NAME: W.N.Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Julia Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): M.O.Hickerson (brother-in-law) Wilson, Ark

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Dry Bayou, Butler Township, Pemiscot County, Mo DATE April 3rd, 1933

19. UNDERTAKER (ADDRESS): None. Will Thomas handled [illegible] Mo

20. FILED 5/10, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1st, 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 ..... m.
The principal cause of death and related causes of importance were as follows:

Had no doctor, Water too high to get one out, or for any one to get in or out, on Little River or Floodway where she lived. From all information gathered she died of appendicitis.

Date of onset

Other contributory causes of importance:

121B 121

Name of operation None 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature] Local Reg., M. D.
(Address) Portageville, Mo.