

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

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

Do not use this space.

607

17272

21

**1. PLACE OF DEATH**

County New Madrid Registration District No. 5806  
Township Portage Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME** Charlie Exward

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> Black	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) Married
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Willie Exward

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept. 15 - 1909

<b>7. AGE</b>	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>7</u>	<u>29</u>	

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

**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)** Mississippi

**13. NAME** Charlie Exward

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

**15. MAIDEN NAME** Alberta Exward

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

**17. INFORMANT** Mathews Powells  
(ADDRESS) Portageville, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Portageville Cemetery May 15th 1933

**19. UNDERTAKER** W. M. Payne  
(ADDRESS) Portageville, Mo.

**20. FILED** May 15, 1933 W. L. Cook  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 14th 1933

**22. I HEREBY CERTIFY, That I attended deceased from** only after death on May 14th, 1933  
I last saw him alive on deceased May 16, 3 Death is said to have occurred on the date stated above, at 2 p.m.

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

Drowned in ditch near Portageville, Mo., while swimming or bathing with others

Date of onset

Other contributory causes of importance:

Apparently none and history of the case corresponds.

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 \_\_\_\_\_

(Signed) W. A. Fisher, M. D.  
(Address) Portageville, Mo.

