

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

Do not use this space.

23916

1. PLACE OF DEATH

County New Madrid
Township Verde
City Portageville (No.)

Registration District No. 609
Primary Registration District No. 4361

File No. 10
Registered No. 1057
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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1919
7. AGE YEARS 13 MONTHS 9 DAYS 20
If LESS than 1 day, hrs. or min.

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

13. NAME Thomas Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidon MO

15. MAIDEN NAME Cora Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parrish MO

17. INFORMANT Wilson Burr

(ADDRESS) Sidon MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Steinfeld DATE 8-1 1933

19. UNDERTAKER none

(ADDRESS)

20. FILED Aug 10 1933 M. J. McNamee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933, to July 1933
I first saw him alive on July 1933. Death is said to have occurred on the date stated above, at 7 P m.

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

Drowning
Date of onset 182
Other contributory causes of importance: 183

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 M. J. McNamee, M. D.

(Address) Portageville MO

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

SEP 26 1933

Handwritten notes on the left side of the page, possibly a list or index.

Handwritten notes on the left side of the page, possibly a list or index.

Handwritten notes at the top of the page.

Handwritten notes in the upper middle section.

Handwritten notes in the middle section.

Handwritten notes at the bottom of the page.

Handwritten notes in the middle section, possibly a list or index.

Handwritten notes on the right side of the page, possibly a list or index.