

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

7th County New Madrid
 Township St John
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 667
 Primary Registration District No. 6-803

File No. 30355
 Registered No. 68

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 White 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 (STATE OR COUNTRY) Mo

13. NAME Clavel Ashby

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

15. MAIDEN NAME Mattie Moore

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

17. INFORMANT Ever Dabose (ADDRESS) East Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER no undertaker (ADDRESS) Private

20. FILED Sept 27 1933 Duff M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to No Doctor, 19____

I last saw him 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:

No Doctor in attendance Date of onset _____

Other contributory causes of importance: Aspirin

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) Duff M. Hodges Registrar.

(Address) East Paris, Mo.

