

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

Do not use this space.

NOV 15 1934

1408574-A
File No. 8
Registered No. 8
St. _____ Ward _____

1. PLACE OF DEATH

County New Madrid
Township _____
City Canslon (No. _____)

Registration District No. 1133
Primary Registration District No. 45-87

2. FULL NAME

(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

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>about</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1905-</u>		
7. AGE YEARS <u>about 28</u>	MONTHS	DAYS
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. <u>Laborer</u>		
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>Unknown</u>		
13. NAME <u>" available"</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>		
15. MAIDEN NAME <u>"</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>		
17. INFORMANT <u>Nannie Williams</u> (ADDRESS) <u>Canslon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Novall Cem.</u> DATE <u>12/8/1933</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>Oct 10 1934</u> <u>Jas. O. Krehel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933 to Dec 7, 1933
I last saw him alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Meningitis
191A / 190
Date of onset 3 days

Other contributory causes of importance:
Pyrexia
Malnutrition
no more information available

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify _____
(Signed) Howard Dunaway, M. D.
(Address) Sibston, 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.

