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

Do not use this space.

21271

JUN 29 1934

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

Registration District No. 604
Primary Registration District No. ~~5-804~~ 435-8

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

2. FULL NAME Mary Ada Fathom

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	4	17	

OCCUPATION

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) (STATE OR COUNTRY) .....

FATHER
13. NAME Henry Clay Fathom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County

MOTHER
15. MAIDEN NAME Christine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County

17. INFORMANT Mrs. Lollie Koon
(ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE June 10, 1934

19. UNDERTAKER Richards Wind Co.
(ADDRESS) New Madrid

20. FILED 6/11/ 1934 W. Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to June 9, 1934

I last saw her alive on June 9, 1934. Death is said to have occurred on the date stated above, at 7 a m.

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

Date of onset

Apoplexy
Involving brain - good health
4 days

Other contributory causes of importance .....

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W. L. Dyer, M. D.
(Address) New Madrid 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-22-33