

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.

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

Do not use this space.

21377

1. PLACE OF DEATH

County Tennessee
Township Little Prairie
City (No.) (No.) St. Ward)

Registration District No. 651
Primary Registration District No. 3-862

File No.
Registered No. 80

2. FULL NAME

(a) Residence, No. Caruthersville Mo. Ward.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
19 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Family Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation. 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

13. NAME John M. Tidwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

15. MAIDEN NAME Alice Pruitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Alice Tidwell (ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE maple bury DATE 6-15 1934

19. UNDERTAKER H S Smith (ADDRESS) Caruthersville Mo

20. FILED June 16, 1934 Edna Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... 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:

accidental drowning
183

Other contributory causes of importance:

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? Accident Date of injury 6-3, 1934

Where did injury occur? Des Moines, Iowa

Specify whether injury occurred in industry, in home, or in public place. meat

Manner of injury.....

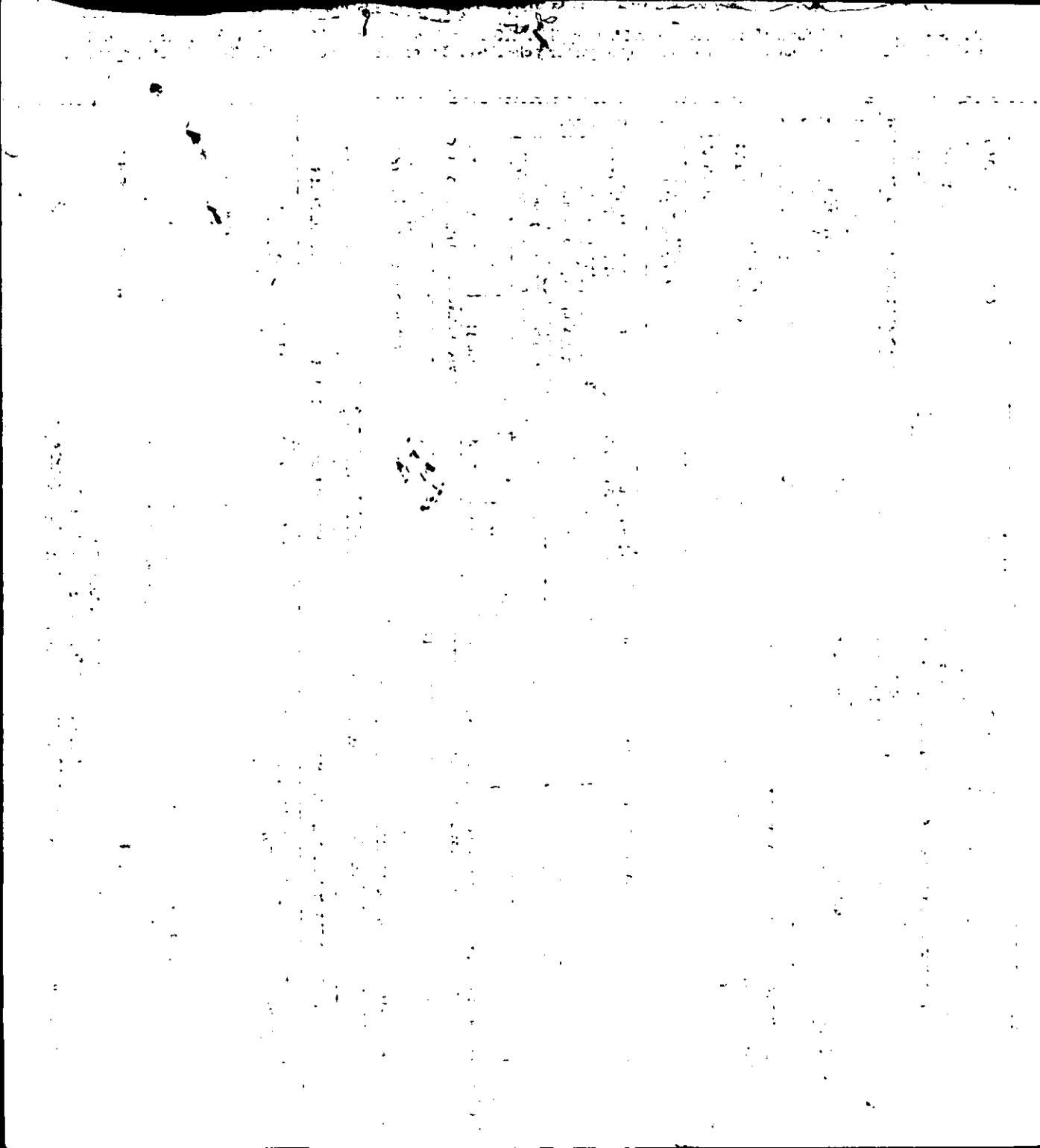
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) JWR Rodas Coronet

(Address) Hayden



WASHINGTON

Enclosed

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm Alford Idwell
Who died at _____ on June 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 19 Months 5 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year 1933

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: accidental drowning
This man was drowned while in swimming
no boat involved,

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Ada Martin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 651

Very truly yours,
E. T. Mc Gaugh
m d
s. c.

Primary Reg. Dist. No. 5862

Special Agent.

THIS IS A PERMANENT RECORD

S-21377