

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

Do not use this space.

25675

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

Township

Primary Registration District No. 435-8

City

New Madrid (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Mollie C. Ronshugh

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

March 22 - 1862

7. AGE

YEARS

72

MONTHS

3

DAYS

18

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Carpenter

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)

New Madrid County

13. NAME

John L. Ronshugh

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

unk. MO

15. MAIDEN NAME

Annie Nelson

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

New Madrid County

17. INFORMANT (ADDRESS)

Chester Ronshugh
New Madrid, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation

DATE July 11, 1934

19. UNDERTAKER (ADDRESS)

Richards Ltd Co.

20. FILED

7/15/34 1003 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 5, 1934, to July 10, 1934

I last saw him alive on July 10, 1934. Death is said

to have occurred on the date stated above, at 3:50 a.m.

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

Cystitis (Pyuria) - Suppurative
Chronic prostatic enlargement

Date of onset

Other contributory causes of importance

Name of operation

What test confirmed diagnosis? Urolog

Date of _____

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. D. 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.

