

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

Do not use this space.

33536

OCT 3 1937

1. PLACE OF DEATH

County New Madrid
Township Portageville
City Portageville (No. 4301)

Registration District No. 607
Primary Registration District No. 3305

File No. 24-13
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Portageville 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-1933
7. AGE YEARS 1 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1937
22. I HEREBY CERTIFY, That I attended deceased from not at all in this last attack, 19____, to _____, 19____.
I last saw him alive on Sept 30th, 1937. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:
Unknown Date of onset Sept. 28/37

OCCUPATION 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. Child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville MO
13. NAME Robert Hollee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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. _____

MOTHER 15. MAIDEN NAME Miss Annie B. Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
17. INFORMANT (ADDRESS) Annie B. Lewis

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mass Cemetery 10-71 34
19. UNDERTAKER (ADDRESS) W. M. Payne
Portageville MO
20. FILED 10/2 1937 Ch. Cook Registrar.

(Signed) A. A. Reed, M. D.
(Address) Portageville 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 CARE

