

OCT 3 1934

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

Do not use this space.

33537

1. PLACE OF DEATH

County New Madrid
Township Portage
City Portageville (No. 1160)

Registration District No. 607
Primary Registration District No. 5806

File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Portageville 1160 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 26

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

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) near Reeds, Mo.

13. NAME Ernest Buford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincennes, Ind.

15. MAIDEN NAME Novella Gage

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

17. INFORMANT (ADDRESS) Ernest Buford, Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 9/8 1934

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 10/2 1934 W. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1934, to 8/8, 1934

I last saw her alive on 8/8, 1934. Death is said

to have occurred on the date stated above, at 3 P.m.

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

Colitis

Date of onset

11/11

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? _____ Date of injury _____, 1934

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? _____

If so, specify _____

(Signed) W. H. Cook, 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 COMPLETELY WITH DARK INK

