

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

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.

FEB 8 1935

2202

1. PLACE OF DEATH

County *New Madrid*

Registration District No. *0604*

File No. ....

Township *New Madrid*

Primary Registration District No. *435-8*

Registered No. ....

City *New Madrid* (No. ....)

St. .... Ward) ....

2. FULL NAME

*William B. Mc Bain*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 28 1935*

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

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to ..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1880*

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

*Cardiac Failure* Date of onset

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

*acute*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*920*

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *alab*

Name of operation..... Date of.....

13. NAME *unk*

What test confirmed diagnosis? *dr* Was there an autopsy? *no*

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

15. MAIDEN NAME *unk*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Mr. J. Clark* (ADDRESS) *Memphis, Tenn*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Evergreen* DATE *Jan 30 1935*

Nature of injury.....

19. UNDERTAKER *Richards/Und Co.* (ADDRESS) *New Madrid*

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

20. FILED *2/15/35* 19.35 - *W. B. Barrman* U. S. Registrar.

(Signed) *J. Richards/Corone, M.D.*

(Address) *New Madrid*

State of Alabama.  
~~State of Alabama~~  
Jefferson County.

Before me the undersigned authority, in and for said County in said State, personally appeared Gordon D. McBain, who being first sworn on oath says: That he is a twin brother of William S. McBain, deceased, who died January 28th. 1935 at New Madrid, Mo., and was buried at New Madrid, Mo. That the said William S. McBain, is one and the same person as William B. McBain, whose remains were handled and funeral arrangements was handled by Richards Undertaking Company, of New Madrid, Mo., and by it buried said William S. McBain on January 30th. 1935. That affiant was present and knew the deceased to be his twin brother; that an error in the letter B was made by said Undertaker and Coroner in reporting and certifying the death of said William S. McBain, which letter should have been S. The said William S. McBain was buried and his remains seen interred in the presence of affiant.

Gordon D. McBain

Subscribed and sworn to before me on this February 18 - 1935.

W. H. Shreeve Notary Public.

State of Tennessee.  
County of Shelby.

Before me the undersigned authority, in and for said said County in said State, personally appeared Sim F. Clarke, who being first sworn on oath says: That he is a first cousin of William S. McBain, deceased, who died and was buried at New Madrid, Mo., having died on January 28th., 1935 and buried on January 30th., 1935, and whose remains and burial were handled by Richards Undertaking Company; that he was present with Gordon D. McBain and viewed the body of said William S. McBain, and know it to be him; that in certifying the death of said William S. McBain the Coroner and Undertaker used the name William B. instead of the name William S., the said William S. McBain and William B. McBain, who died and was buried as above set out being one and the same person.

Sim F. Clarke

Subscribed and sworn to before me on this February 19<sup>th</sup> 1935.

Thomas N. Ruffin Notary Public.

My Commission  
Expires Apr 18<sup>th</sup> - 1938

State of Missouri.

County of New Madrid.

Before me the undersigned authority, in and said said County in said State, personally appeared L. A. Richards, who being duly sworn on oath says: That he is owner of the Richards Undertaking Company of New Madrid, Mo., and also Coroner of said County in said State; that he prepared for burial and buried ~~the~~ William S. McBain, deceased, at New Madrid, Mo., on January 30th. 1935; that the said William S. McBain, is one and the same person as William B. McBain, that in reporting and certifying the death of William S. McBain the affiant inadvertently used the letter B., in stead of the letter S., in said name; that both Gordon D. McBain and Sim F. Clarke were present at the funeral and when the deceased was buried. That the Undertaking bill and Doctor Bill, for services rendered the said William S. McBain, deceased, amounting to One Hundred Twenty Four & 50/100 Dollars, have been paid by Mrs. Lydia E. Cogswell, of Pell City, Alabama. That Affiant is familiar with the matters and transactions above set out and qualified to make this affidavit, and is in no way interested in the matter.

L. A. Richards

Subscribed and sworn to before me on this February 21 1935.

Wm E. Jan 10: 1939 Wm E. Jan 10: 1939 Notary Public.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid  
Township New Madrid  
City New Madrid (No. \_\_\_\_\_)

Registration District No. 604  
Primary Registration District No. 4358

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William B Mc Bain

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
adh 55

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.  
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) \_\_\_\_\_

MOTHER FATHER  
13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 4/6 1935 W. J. Harrison Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, 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:

Respiratory Failure  
Probable Endocarditis  
(Chorea)  
Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 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?  
If so, specify \_\_\_\_\_  
(Signed) W. J. Harrison M. D.  
(Address) New Madrid

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.