

APR 22 1935

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

Do not use this space.

6196

1. PLACE OF DEATH

County New MadridRegistration District No. 604

File No.

Township New MadridPrimary Registration District No. 435-2

Registered No.

City New Madrid (No.)

St. Ward)

2. FULL NAME

Albert Stewart

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 56. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>1</u>	<u>17</u>	

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

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 Orleans13. NAME John J. Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rose Wayne Co. N. Y.15. MAIDEN NAME Sophia Goodwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sonboventon, Co. N. Y.17. INFORMANT Jess Stewart
(ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL

PLACE new Hope DATE 2-19 193519. UNDERTAKER Wilber Ashford Co.,
(ADDRESS) New Madrid20. FILED 2/21 1935 W. B. Bannan
S. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 193522. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Feb 17 1935I last saw her alive on Feb 10 1935 Death is saidto have occurred on the date stated above, at 4:30 P.M.

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

Coronary Fibrillation
(mitral Valve lesion)

Date of onset

Other contributory causes of importance:

Name of operation Date of operation

What test confirmed diagnosis? Asst. Autopsy 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? No

If so, specify

(Signed) W. B. Bannan, 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.

72
7
2

1
2
2
2

WHERE THE DEATH OCCURRED THIS IS A PERMANENT RECORD

