

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.

JUN 26 1935

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

Do not use this space.

6199-a

1. PLACE OF DEATH

County New Madrid  
Township New Madrid  
City Madison, no R. # 3 (No. \_\_\_\_\_)

Registration District No. 604  
Primary Registration District No. 5802

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

2. FULL NAME

Maggie May Ratliff  
(a) Residence, No. Madison, no R. # 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Ratliff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 3 - 1885</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) <u>New Madrid Mo</u>		
FATHER	13. NAME <u>William Hayes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>	
MOTHER	15. MAIDEN NAME <u>Jane Beavers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>	
17. INFORMANT <u>Everett Hayes</u> (ADDRESS) <u>Madison, no R. # 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison, Mo</u> DATE <u>7/27</u> 19 <u>35</u>		
19. UNDERTAKER <u>Richard H. Jones</u> (ADDRESS) <u>Madison, Mo</u>		
20. FILED <u>7/26</u> 19 <u>35</u> <u>W. J. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1935, to Feb 26 1935  
I last saw her alive on Feb 24 1935. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Broncho - Pneumonia Date of onset \_\_\_\_\_  
11 P. m.  
Other contributory causes of importance:  
Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Smear 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 E. E. Jones, M. D.  
(Signed) E. E. Jones  
(Address) Lilbourn Mo

