

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

Do not use this space.

12146

MAY 23 1935

1. PLACE OF DEATH

County Cape County
Township "
City Cape Girardeau (No. 1)

Registration District No. 125
Primary Registration District No. 3009
S. East Mo. Hospital

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. New Madrid, County
(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>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlie Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1878 July 10</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>9</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harbor life</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>		
13. NAME <u>Alonzo O'Bannon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>		
15. MAIDEN NAME <u>unk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
17. INFORMANT (ADDRESS) <u>Luella Mitchell New Madrid, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kennett, Mo</u> DATE <u>April 12, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Richards Fred Co., New Madrid, Mo</u>		
20. FILED <u>4-11-1935</u> <u>J.M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1935, to Apr 11, 1935
I last saw him alive on Apr 11, 1935. Death is said to have occurred on the date stated above, at 2:06 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonitis from gun shot wound of abdomen
Date of onset _____

Other contributory causes of importance:
Pt Pleurisy Chr.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Apr 7, 1935
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Gun shot wound by
Nature of injury front and

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Carl A. Zimmerman, M. D.
(Address) Cape Girardeau

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.

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