

JUN 26 1935

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

Do not use this space.

17235

1. PLACE OF DEATH

County *New Madrid*
Township *Sidon*
City *Sidon* (No.)

Registration District No. *55*
Primary Registration District No. *4033*

File No. *10*
Registered No. *1889*
St. Ward)

2. FULL NAME *Diggie Dill*

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widow</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 8 1865</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>2</i>
	DAYS <i>29</i>	If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME *Richard Evans*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

MOTHER 15. MAIDEN NAME *Unknown*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT *Diggie Dill* (ADDRESS) *Walthamville Ark*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stanfield* DATE *May 8 1935*

19. UNDERTAKER *Bob Meentemeyer* (ADDRESS) *Sidon Ark*

20. FILED *May 10 1935* *M.D. Mearns* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *MAY 7th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *April 22 1935* to *April 25 1935*
I last saw her alive on *April 22 1935* Death is said to have occurred on the date stated above, at *10:20 am*.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix - 4 1/2 yrs app.
Other contributory causes of importance: *hemorrhage (uterine)*

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 *Frank Jones*, M. D.
(Signed) *Frank Jones*
(Address) *Sidon, Ark.*

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.

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