

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

Do not use this space.

17255-a

DEC 26 1935

1. PLACE OF BIRTH

County New Madrid Registration District No. 604  
Township de Fleur Primary Registration District No. 5805  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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<br><u>male</u>   | 4. COLOR OR RACE<br><u>col</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |          |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                        |  |   |          |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1885</u>                           |  |   |          |  |
| 7. AGE  | YEARS  | MONTHS  | DAYS     | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>about 50</u>   | <u>—</u>   | <u>—</u>  | <u>—</u> |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u> |   |          |  |
|   | 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) <u>unknown</u>                     |  |   |          |  |
| MOTHER  | 13. NAME   |   |          |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)   |   |          |  |
|   | 15. MAIDEN NAME  |   |          |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)   |   |          |  |
| 17. INFORMANT <u>J. L. Blanchard</u><br>(ADDRESS) <u>High Co. Farm</u>              |  |   |          |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Co. Farm</u> DATE <u>May 26, 1935</u> |  |   |          |  |
| 19. UNDERTAKER (ADDRESS) <u>none</u>  |  |   |          |  |
| 20. FILED <u>6/4/35</u> 1935- <u>207</u> Registrar <u>W. H. Registrar</u>           |  |   |          |  |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 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:  
Fractured Skull (Date of onset \_\_\_\_\_)  
(2 Injuries)

Other contributory causes of importance: 170/

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. H. Registrar M. D.  
(Address) Co. Farm

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.

