

JUN 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17258

1. PLACE OF DEATH

County New MadridRegistration District No. 605Township ComoPrimary Registration District No. 4359City Manie Allen (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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(HUSBAND OF
(OR) WIFE OFTom Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 22nd 1865

7. AGE

YEARS

39

MONTHS

5

DAYS

16

If LESS than 1

day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Own home10. Date deceased last worked at
this occupation (month and
year)Apr 22-85

11. Total time (years)

spent in this
occupation18

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Stewart Co, Tenn,

FATHER

13. NAME

Wm Wells

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know

MOTHER

15. MAIDEN NAME

Gora May Martin

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know

17. INFORMANT

(ADDRESS)

Tom Allen mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Malden moDATE 5-9

1935

19. UNDERTAKER

(ADDRESS)

W. L. Craig

20. FILED

5-8-

1935

W. L. Craig

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 22, 1935, to May 8th, 1935I last saw her alive on May 8th, 1935. Death is saidto have occurred on the date stated above, at 9:50 p.m.

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

Toxaemia of Pregnancy

Date of onset

4/13/35

Other contributory causes of importance:

Acute nephritis. Dont know

Name of operation

noneDate of

What test confirmed diagnosis?

clinicalWas 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?

If so, specify

(Signed) W. L. Mitchell, M. D.(Address) Malden mo

