

JUN 15 1935

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

Do not use this space.

17267

1. PLACE OF DEATH

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

Registration District No. *607*  
Primary Registration District No. *5806*

File No. *17*  
Registered No. ....  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *Infant* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1* 19 *35*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*

22. I HEREBY CERTIFY, That I attended deceased from *May 27*, 19*35*, to *May 27*, 19*35*  
Last saw h. alive on *May 27*, 19*35* Death is said to have occurred on the date stated above, at ..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-35*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *15*

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

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

*Prenatal birth* Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Other contributory causes of importance: *109*

13. NAME *Samuel Wilbourn*

Name of operation ..... Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME *Mary A. Newell*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) .....

Manner of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portageville* DATE *5-28*

Nature of injury .....

19. UNDERTAKER (ADDRESS) *R. M. ...*

24. Was disease or injury in any way related to occupation of deceased? .....

20. FILED *June 11*, 19*35* *Mary W. Cook* Registrar.

If so, specify *7740 Kelly*, M. D.  
(Signed) *Portageville*  
(Address) *Portageville*

WHITE 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.

1100  
1111  
1122  
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1177  
1188  
1199

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.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County New Madrid Registration District No. 607  
Township \_\_\_\_\_ Primary Registration District No. 5806  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17267  
Registered No. 17

2. FULL NAME

Katy May Wilborn  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 2-  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-35  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) \_\_\_\_\_

13. NAME Sam Wilborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Mary Inessallou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville Mo DATE 3-28 1935

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED June 11, 1935 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1935  
22. I HEREBY CERTIFY, That I attended deceased from May 27 1935, to May 27 1935  
I last saw \_\_\_\_\_ 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:

Premature birth  
Date of onset \_\_\_\_\_  
Other contributory causes of importance \_\_\_\_\_  
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) N. H. O'Kelley, M. D.  
(Address) Portageville Mo.

PRELIMINARY

150

9-17267