

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.

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

Do not use this space.

JUN 26 1935

20495

1. PLACE OF DEATH

County *New Madrid*
Township *St. George*
City *St. George* (No. *100*)

Registration District No. *604*
Primary Registration District No. *5-802*

File No. _____
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

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *—*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *—*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 - 1925*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 21

OCCUPATION 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. *Infant*
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) _____

FATHER 13. NAME *Ray Douglas*

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

MOTHER 15. MAIDEN NAME *Rennie Young*

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

17. INFORMANT (ADDRESS) *Claud Lancaster St. George*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. George* DATE *June 11 1935*

19. UNDERTAKER (ADDRESS) *Richards Undertaker New Madrid, Mo.*

20. FILED *6/13/35* 1935 *W. J. Danner* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 9 1935*

22. I HEREBY CERTIFY, (That I attended deceased from _____, 19____, to _____, 19____)

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at *5 P* m.

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

Crushed Head Date of onset _____

(on week)
LOG
201

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? *accident* Date of injury *June 9, 1935*

Where did injury occur? *New Madrid*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *High way on week on right way*

Nature of injury _____

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

If so, specify _____

(Signed) *W. J. Richards* _____ M. D.

(Address) *New Madrid*

