

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.

1 JUL 25 1935

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

Do not use this space.

23859

1. PLACE OF DEATH

County *New Madrid*

Registration District No. *604*

Township *Marston*

Primary Registration District No. *4356*

City *Marston* (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 *male* 4. COLOR OR RACE *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 3 1898*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 5 1

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

13. NAME *unk*

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

15. MAIDEN NAME *unk*

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

17. INFORMANT (ADDRESS) *James Williams Marston*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marston* DATE *July 5 1935*

19. UNDERTAKER (ADDRESS) *none*

20. FILED *7/30/35* 1935 *W. B. Garrison* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4 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 *11:30 a.m.*

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

gunshot wound

Date of onset

Other contributory causes of importance:

MB

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? *homicide* Date of injury *July 4 1935*

Where did injury occur? *Marston, Mo.*

(Specify city or town, county, and State)

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

Manner of injury *shot gun 12 gauge in head*

Nature of injury *home*

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

If so, specify *Richardson, Coroner, M.D.*

(Signed) *Richardson*

(Address) *New Madrid*

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