SEP 26 1935

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

Do not use this space.

27134

1. PLACE OF DEATH
County New Madrid
Township Anderson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 55
Primary Registration District No. 6262

File No. 10
Registered No. 1108

2. FULL NAME Bellie Charles Cade

(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20 1935

7. AGE: YEARS 0 | MONTHS | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

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.: —
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gideon mo

FATHER
13. NAME: Bell Cade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo

MOTHER
15. MAIDEN NAME: Melva Curd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mo

17. INFORMANT (ADDRESS): Bell Cade. Gideon

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Gilliam DATE Aug 11 1935

19. UNDERTAKER (ADDRESS): None

20. FILED Sept 10 1935 M J Mumma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935, to Aug 11, 1935
I last saw him alive on Aug 10, 1935. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	

Other contributory causes of importance: 13

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) B E Ewing, M. D.
(Address) Gideon

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.