



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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**

M

4. COLOR OR RACE

W

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

Mk.

**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Unknown

7. AGE

abt 65-

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

**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****14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)****15. MAIDEN NAME****16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)****17. INFORMANT
(ADDRESS)****18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE

19

**19. UNDERTAKER
(ADDRESS)****20. FILED**

12/12/

1925

Wm. H. O'Barry

Registrar

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

Oct 12, 1925

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... 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:

Pneumonia
Solar

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)

Wm. H. O'Barry, M. D.

(Address)

New Madrid, Mo

DEC 10 '935

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