

DEC 9 1935

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

Do not use this space.

36814

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Como Primary Registration District No. 7359
City Geopards No. _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Geopards
Geopards
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6, 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 20 hrs. or _____ min.
			<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mil</u>			
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cation Mo.</u>			
	13. NAME <u>Chris Thurston</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	15. MAIDEN NAME <u>Eney Bratcher</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo Ark.</u>				
17. INFORMANT <u>Chris Thurston</u> (ADDRESS) <u>Cation, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma</u> DATE <u>Nov. 8</u> 19 <u>35</u>				
19. UNDERTAKER <u>none</u> (ADDRESS)				
20. FILED <u>11-7</u> 19 <u>35</u> <u>Geo. W. Husted, M.D.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935 to Nov. 7 1935
I last saw her alive on Nov. 6 1935. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:
Premature birth
Date of onset _____

Other contributory causes of importance:
159

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 Geo. W. Husted (Signed) _____, M. D.
(Address) Parma, Mo.

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.

