

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.

40419-1

1. PLACE OF DEATH

County New Madrid

Registration District No. 511

Township St. Johns

Primary Registration District No. _____

City _____ (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(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.

Ward _____

(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)

Married

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

William Ausley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-17-93

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

42

0

5

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

Housework

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

OCCUPATION

MOTHER FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Spain

13. NAME

Geo. French

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

Spain

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS)

William Ausley
New Madrid, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

12-23-1935

19. UNDERTAKER

(ADDRESS)

Hill Bros.
St. Louis, Mo.

20. FILED

19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1935, to 12-22, 1935

I last saw him alive on 3-25, 1935. Death is said

to have occurred on the date stated above, at 6 a.m.

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

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 related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

