

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.

40421

JAN 3 1935

1. PLACE OF DEATH

72 County *New Madrid*

Township

7 City *New Madrid*

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

Shirley Atwood

(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

Female

4. COLOR OR RACE

Colored

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

✓

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

✓

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

1929 June 17

7. AGE

YEARS

MONTHS

DAYS

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

6

5

20

OCCUPATION

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

School Child

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)

St. Louis Mo

13. NAME

John Atwood

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

Miss

15. MAIDEN NAME

Elmer Jackson

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

Ark

17. INFORMANT (ADDRESS)

John Atwood 12826 Shenden Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Louis Mo*

DATE *Dec 10 1935*

19. UNDERTAKER (ADDRESS)

Chas. Tate St. Louis Mo

20. FILED

1914 1935 2103 Hammond

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from

127 1935 to 127 1935

I last saw her alive on *127 1935* Death is said

to have occurred on the date stated above, at *7 P* m.

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

Auto Accident

On Highway 61 above Elmfield Lane

Date of onset

Other contributory causes of importance:

Head & chest Injuries

Name of operation

What test confirmed diagnosis?

Date of

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?

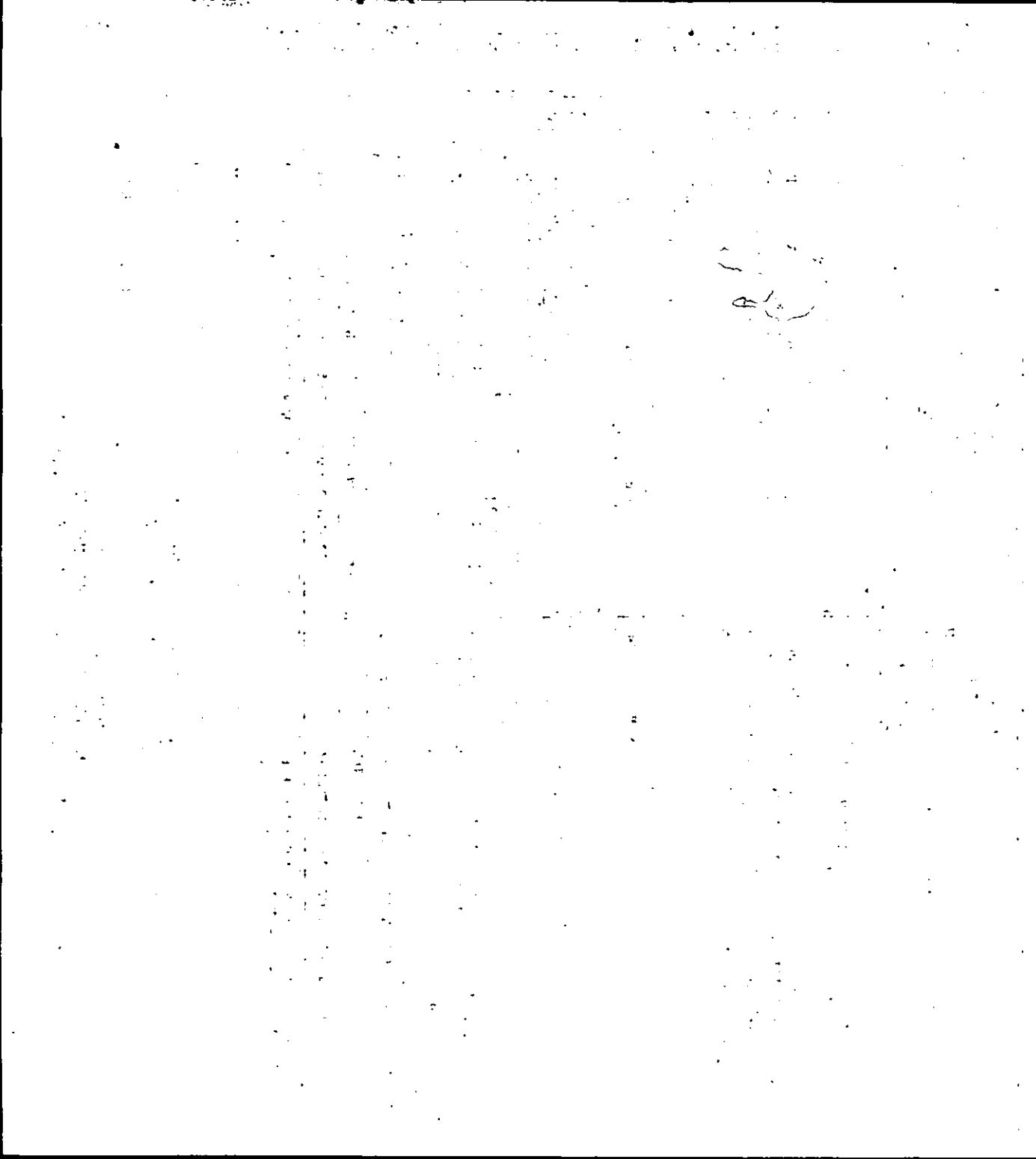
If so, specify

(Signed)

McMill

M. D.

(Address) *New Madrid Mo*



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

ALL INFORMATION CONTAINED
HEREIN MUST BE KEPT SECRET
AND NOT BE SUPPLEMENTED

1. PLACE OF DEATH

County New Madrid
Township New Madrid
City New Madrid (No.)

Registration District No. 604
Primary Registration District No. 4358

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1929

7. AGE YEARS 6 MONTHS 5 DAYS 1 hr. 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri State Penitentiary
10. Date deceased last worked at this occupation (month and year) 12/10/35 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Jahn Atwood

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

15. MAIDEN NAME Elnora Jackson

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

17. INFORMANT (ADDRESS) Jahn Atwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE 12/10 1935

19. UNDERTAKER (ADDRESS) Wm. H. Bates

20. FILED 12/10 1935 Wm. H. Bates Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12/7 1935 to 12/7 1935
Deceased was alive on 12/7 1935 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

auto accident on highway 6 above Effersville State Passengers
Other contributory causes of importance:

Head & Chest injuries

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), in also the following: Accident, suicide, or homicide? 2/18 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 N. G. Mill (Signed) New Madrid M. D.
(Address)

5-40421