

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

Do not use this space.

7083

1. PLACE OF DEATH

County Pemiscot
Township Pemiscot
City (No.)

Registration District No. 851
Primary Registration District No. 6863

File No.
Registered No. 81 St. Ward

2. FULL NAME

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 6

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) Pemiscot Co. Mo. (STATE OR COUNTRY)

13. NAME Harry Anderson

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

15. MAIDEN NAME Estelle Smith

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

17. INFORMANT Harry Anderson (ADDRESS) Caruthersville

18. BURIAL, CREMATION, OR REMOVAL PLACE Medmore, Mo. DATE 2/20 1936

19. UNDERTAKER Strickland (ADDRESS) Caruthersville, Mo.

20. FILED Feb. 21, 1936 C. C. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936, to Feb. 19, 1936

I last saw him alive on Feb. 19, 1936 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Not determined Date of onset

This child had convulsions probably due to some head injury at birth.

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? No

If so, specify

(Signed) J. R. I. Jones M. D.

(Address) Caruthersville, Mo.

