

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.

APR 22 1936

1. PLACE OF DEATH

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

Registration District No. 605
Primary Registration District No. 4357

File No. 11732
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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
SA: Widow 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-?-?
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 ?

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

13. NAME Ben Moody

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Will T Rivers
(ADDRESS) Prisco

18. BURIAL, CREMATION, OR REMOVAL cremated
PLACE Wassadonia DATE 3-14-36

19. UNDERTAKER T. C. Knight
(ADDRESS) Prisco

20. FILED 3/17 1936 Dr. G. W. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13-1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 13, 1936.

I last saw her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Bronchial pneumonia Date of onset _____

1070

Other contributory causes of importance:

Coronary Calc.

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Raymond Tashman, M.D.

(Address) Malden

