

MAY 23 1936

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

Do not use this space.

20141

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township _____ Primary Registration District No. 4358
 City New Madrid (No. _____) _____ St. _____ Ward) _____

2. FULL NAME Mary Kolwyck
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wash Kolwyck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81

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

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) Fenn

13. NAME George Pratt

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

15. MAIDEN NAME unk

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

17. INFORMANT Cal Kolwyck
 (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Madrid Mo DATE May 14 1936

19. UNDERTAKER Richards Undert Co.
 (ADDRESS) New Madrid Mo

20. FILED 5/16 1936 Thos. O'Banahan Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3 1936, to May 13 1936
 I last saw her alive on May 8 1936. Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy -
 Date of onset _____

Other contributory causes of importance
2 - foreman struck by
Seneca in front of

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

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? Yes
 If so, specify _____
 (Signed) W. P. [Signature], M. D.
 (Address) New Madrid Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

