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

JUL 25 1936

Do not use this space.

20142

1. PLACE OF DEATH
County: Newmadrid
Township: La Font
City: (No. , St. Ward)
Registration District No.: 604
Primary Registration District No.: 5798
File No.:
Registered No.:

2. FULL NAME: Mattie Case.

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Green Case

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 14 - 1899

7. AGE: YEARS 36 | MONTHS 6 | DAYS 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): New Madrid County Mo

FATHER
13. NAME: Joe Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Green Case Marston, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marston Mo DATE: May 25, 1936

19. UNDERTAKER (ADDRESS): Richards Und Co., New Madrid, Mo

20. FILED 5/29, 1936 Wm. O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/18, 1936, to 5/24, 1936
I last saw her alive on 5/24, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset

Other contributory causes of importance:

108

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?
If so, specify
(Signed) J. W. Bess, M. D.
(Address) Portageville Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
20M-2-19-36
I X7294

e.o.c
25/4
25/1