

JUN 24 1936

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

Do not use this space.

20256

1. PLACE OF DEATH

County Pemiscot Registration District No. 6-3
Township North Primary Registration District No. 4-2-10
City North No. _____ 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 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-1936

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

22. I HEREBY CERTIFY, That I attended deceased from 5-17-9⁰⁰ am, 1936, to 5-17-11⁰⁰ am, 1936

I last saw him alive on 5-17-9⁰⁰ am, 1936. Death is said to have occurred on the date stated above, at 11⁰⁰ a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1898

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 9 27

Acute indigestion

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

Date of onset 5-16-36
at 11 p.m.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) 5-16-36 11. Total time (years) spent in this occupation 5

Other contributory causes of importance: 12 1/2 hrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Miss

13. NAME Joe Carlsson

Name of operation _____ Date of _____

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

What test confirmed diagnosis? etc. Was there an autopsy? no

15. MAIDEN NAME Mary Vaughn

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) John Johnson

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 5-20-36

Nature of injury _____

19. UNDERTAKER (ADDRESS) Wm. Fordrich

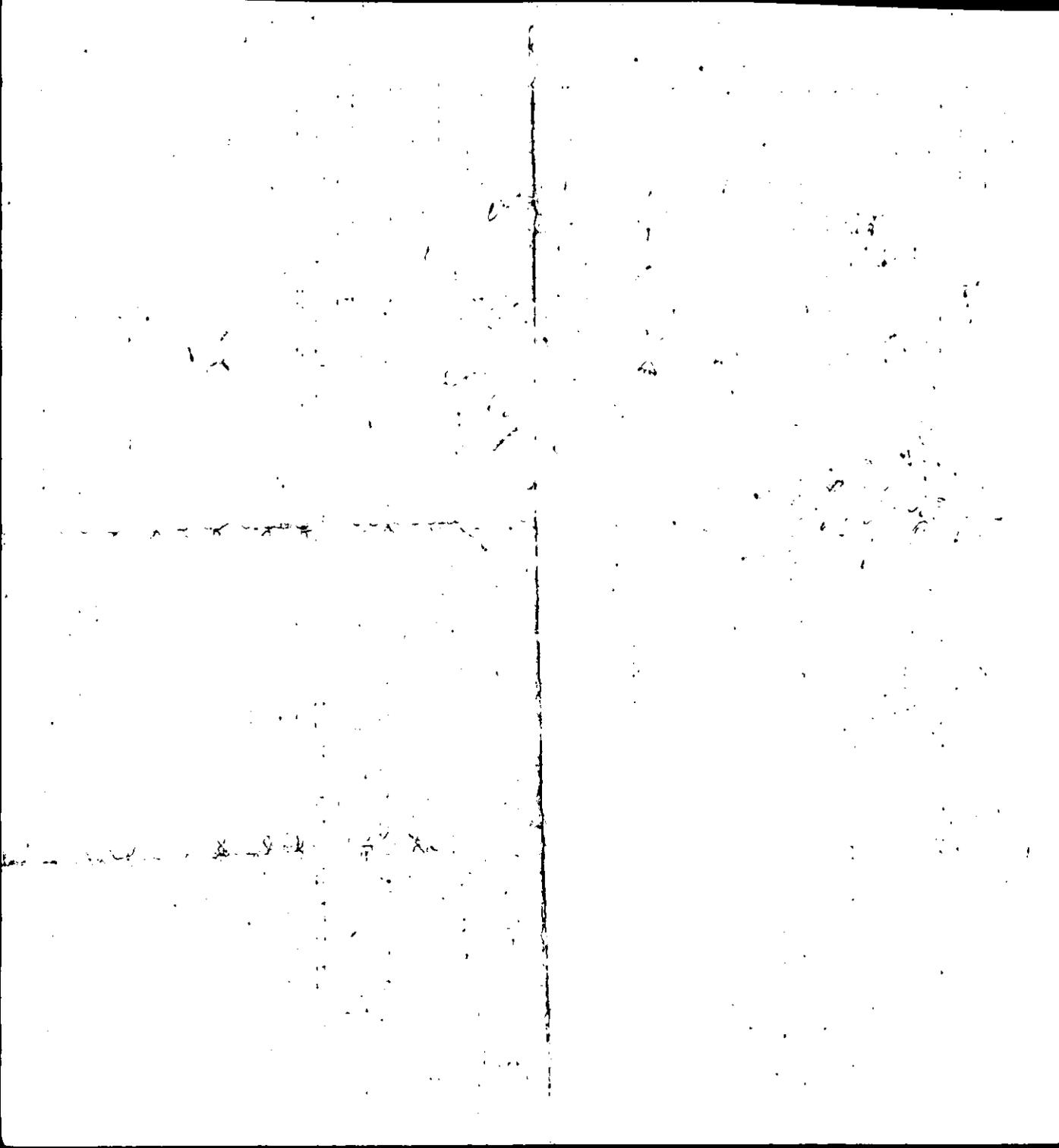
24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 5/20 1936 J. Rhodes Registrar.

If so, specify _____

(Signed) At Shiner, M. D.
(Address) North, Mo.

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.

1. PLACE OF DEATH

County Pemiscot Registration District No. 653
 Township Harte Primary Registration District No. 4390
 City Harte (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 51

2. FULL NAME

Marie Couerson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE cul 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (use the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 9 27

acute indigestion

OCCUPATION
 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 _____

Other contributory causes of importance:
1208
Gastro enteritis

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 7-20 1936 J. Wilhodes Registrar.

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) A. S. Shubert M. D.
 (Address) Harte

SUPPLEMENT

RECORD IN YOUR TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. - Exact statement of OCCUPATION is very important.

S-20256