

JUL 29 1936

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

Do not use this space.

28693

1. PLACE OF DEATH

County New Madrid
Township Mitt
City (No)

Registration District No. 1133
Primary Registration District No. 5799A

File No. _____
Registered No. 5
St. _____ Ward)

2. FULL NAME

Goldie Lee Mc Cool

(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 F. Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>6</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) on White Oak

FATHER

13. NAME Irvie Mc Cool

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

MOTHER

15. MAIDEN NAME Madgie Louise Malague

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

17. INFORMANT (ADDRESS) H E Malague Mathias - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Forge Cemetery DATE June 1, 1936

19. UNDERTAKER (ADDRESS) Lillo Brothers Lilloura mo

20. FILED June 1st 1936 Jas D Koebel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1936 to June 1, 1936
I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at 9:55 a.m.

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

perforated Peritonitis Septicemia Defecation

Date of onset May 30, 36

Other contributory causes of importance: Convulsions typhoid fever

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. O. Beah, M. D.
(Address) Banabon - mo.

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.

