

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.

OCT 23 1936

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

Do not use this space.

35073

1. PLACE OF DEATH

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

Registration District No. 604
Primary Registration District No. 4358

File No.
Registered No.
St. Ward)

2. FULL NAME

(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

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>✓</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
		<u>3</u>

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

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

13. NAME John Allen
14. BIRTHPLACE (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

15. MAIDEN NAME Purley Young
16. BIRTHPLACE (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

17. INFORMANT C. H. Lancaster
(ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oct 1 1936

19. UNDERTAKER Richards and Co
(ADDRESS) New Madrid

20. FILED 10/5 1936 Wm O. Bannan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 1936, to 10 1936

I last saw h. alive on 10 1936. Death is said to have occurred on the date stated above, at 10 m.

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

Cerebral Hemorrhage
cause labor at birth

Other contributory causes of importance:

160 lbs

Name of operation 160 lbs Date of 10 1936

What test confirmed diagnosis? 160 lbs Was there an autopsy? 160 lbs

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 160 lbs Date of injury 10 1936

Where did injury occur? 160 lbs (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 160 lbs

Nature of injury 160 lbs

24. Was disease or injury in any way related to occupation of deceased? 160 lbs

If so, specify 160 lbs (Signed) 160 lbs M. D.

(Address) 160 lbs

100

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.

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

File No. _____

Township _____

Primary Registration District No. 4358

Registered No. _____

City New Madrid

(No. _____)

St. _____

Ward _____

2. FULL NAME

Infant Allen

(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

m

4. COLOR OR RACE

w

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

8

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

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

Sept 28 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hr. or _____ min.

3

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

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

13. NAME

Infant Allen

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

Ark

15. MAIDEN NAME

Purley Young

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

Ark

17. INFORMANT (ADDRESS)

C. H. Lunderster New Madrid

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Oct 1

19. UNDERTAKER (ADDRESS)

20. FILED

10/5

1937

Wm. O. Bauman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 1, 1936

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

I last saw him 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:

Date of onset

Other contributory causes of importance:

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. B. Baker

, M. D.

5-35073