

SEP 28 1936

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

Do not use this space.

35077

1. PLACE OF DEATH

County New Madrid  
Township New Madrid  
City Bester (No. 1)

Registration District No. 604  
Primary Registration District No. 5802

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Bester Nebb

(a) Residence, No. .... St. .... Ward. Gary Ind.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Halgie Nebb

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1904

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. about 21

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:20 P. m.

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

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

Crushed Head -  
Plate Glass piece brain.  
Car wreck.

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

Other contributory causes of importance:  
minor cuts over body -  
great loss of blood

13. NAME unk

Name of operation 210 Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 21, 1936

15. MAIDEN NAME unk

Where did injury occur? 5 miles North New Madrid, Mo  
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. highway 61

17. INFORMANT (ADDRESS) .....

Manner of injury Discs under car collided  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Gary Ind. DATE Sept 24 1936

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

19. UNDERTAKER (ADDRESS) Richard Kirk Co  
New Madrid Mo

If so, specify falling on to car  
(Signed) Wm. O. Berman  
(Address) New Madrid, Mo

20. FILED 9/24 1936 Wm. O. Berman  
Registrar.

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 - THIS IS A PERMANENT RECORD

