

DEC 5 1936

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

Do not use this space.

38480

## 1. PLACE OF DEATH

County *New Madrid*  
Township *Portageville*  
City *Portageville* (No. \_\_\_\_\_)

Registration District No. *607*Primary Registration District No. *5806*

File No. \_\_\_\_\_

Registered No. *48*

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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-6-1936*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>—</i>	<i>3</i>	<i>6</i>	

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) *Michigane*13. NAME *D.M. Scantler*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*15. MAIDEN NAME *Edith Carrel*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*17. INFORMANT (ADDRESS) *Edith Scantler*18. BURIAL, CREMATION, OR REMOVAL PLACE *Portageville* DATE *10-17-36*19. UNDERTAKER (ADDRESS) *M.M. Payne*20. FILED *10-28* 19 *36* *Mary W. Cooke* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16* 19 *36*

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

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at *10:30* m.

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

*Internal Injuries* Date of onset \_\_\_\_\_*(Received in Car Wreck)**From record.*

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? *accident* Date of injury *Oct 15*, 19 *36*Where did injury occur? *Port Pleasant*

(Specify city or town, county, and State)

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

*high way*Manner of injury *Front end of Car went into ditch*

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) *L. Richards J. Carrel*(Address) *New Madrid, Mo.*

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.

