

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space. ✓

45598

## 1. PLACE OF DEATH

County New Madrid Registration District No. \_\_\_\_\_  
 Township New Madrid Primary Registration District No. 1  
 City New Madrid (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Registered No. \_\_\_\_\_

## 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 22

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

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) Stogeville Mo

13. NAME W. H. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Claude Bates  
New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stogeville DATE Dec 18, 1936

19. UNDERTAKER (ADDRESS) Wm. O. Barron  
New Madrid Mo

20. FILED 12-21-36 Wm. O. Barron Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-193622. I HEREBY CERTIFY, That I attended deceased from 12-13-1936 to 12-15-1936

I last saw him alive on 12-16-1936 at 5:30 p.m. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Paralysis  
#IV MO #

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Blood poisoning  
in the brain

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. J. Farrow M. D.(Address) New Madrid Mo

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