

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

Do not use this space.

45606

JAN 21 1937

1. PLACE OF DEATH

County New Madrid Registration District No. 607
Township Portage Primary Registration District No. 4361
City Portageville (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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from William 12/14, 1936, to 12/20, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1877

I last saw him alive on 12/18, 1936, 1936. Death is said to have occurred on the date stated above, at 3:30 p. m.

7. AGE YEARS 63 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

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

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

Cerebral hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

Other contributory causes of importance:

13. NAME Franklin Adcock

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

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

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.

15. MAIDEN NAME Matilda C. Cross

Manner of injury
Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

17. INFORMANT (ADDRESS)

(Signed) H. T. Gilley, M. D.
(Address) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 12-21-36

19. UNDERTAKER (ADDRESS) R. M. Payne
Portageville, Mo.

20. FILED Jan 8, 1936 Mary W. Carter
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

