

MAY 23 1936

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

Do not use this space.

48141

1. PLACE OF DEATH
 County New Madrid Registration District No. 607
 Township Portage Primary Registration District No. 4561
 City Portage (No.) St. Ward)

2. FULL NAME No name
 (a) Residence, No. Near Portage Mill, New Madrid Co. Mo. (If nonresident, give city or town and State)
 (Usual place of abode) New Madrid
 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>-</u>	<u>-</u>	<u>-</u>	

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) Portageville Mo near.

FATHER

13. NAME George C. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Tenn

MOTHER

15. MAIDEN NAME Vera Callison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Tenn.

17. INFORMANT George Cole
(ADDRESS) Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE --- DATE 12-31 1936

19. UNDERTAKER M. Underlaker
(ADDRESS) ---

20. FILED 5:7 1936 Mary W. Curtis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31st 1936

22. I HEREBY CERTIFY That I attended deceased from Portageville Mo to ---, 1936
 I last saw h..... 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:
Brain dead due to mother's uraemic condition 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) A. A. Reel M.D.
 (Address) Portageville, 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.

