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.

JUN 24 1936

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

Do not use this space.

48317

1. PLACE OF DEATH
County: New Madrid — Registration District No.: 55 — File No.: ~~5~~ 10
Township: Anderson — Primary Registration District No.: 4033 — Registered No.: 1146
City: ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME: Still Boom
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: white
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): 5-30-36
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Gideon Mo

FATHER
13. NAME: J. A. Joyner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldorado, Ills

MOTHER
15. MAIDEN NAME: Myrtle Masters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bell City Mo

17. INFORMANT (ADDRESS): J. A. Joyner Gideon Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Gilead — DATE: 6-1-36
19. UNDERTAKER (ADDRESS): Geo Cluck Gideon Mo
20. FILED: June 10, 1936 — M V Mumma, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-30-, 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~mother on~~ ~~19~~ to 5-30, 1936 ~~that I last saw h~~ ~~e~~ was Born ~~dead~~ before ~~on~~ 1936. Death is said to have occurred ~~on the date stated above, at~~ 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation (Cord thrice around neck) very tight,	

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) Geo Fulkerson, M. D.
(Address) Gideon Mo