MAR 23 1937

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

Do not use this space.

File No. 7388

Registered No.

1. PLACE OF DEATH

County New Madrid — Registration District No. 664

Township New Madrid — Primary Registration District No. 5802

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Wanda Louise Mattox

(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: fem

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) Sept 5 - 1936

7. AGE — YEARS: — MONTHS: 5 — DAYS: 20 — 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) New Madrid - Mo

FATHER

13. NAME R. C. Mattox

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

MOTHER

15. MAIDEN NAME Nola ~~Owne~~ Owns

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

17. INFORMANT (ADDRESS) R. C. Mattox Matthews Route 1.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kewona Mo DATE Feb 26, 1937

19. UNDERTAKER (ADDRESS) Richards Und Co. New Madrid Mo

20. FILED 3/6, 1937 Wm. O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1937, to 2-25, 1937

I last saw her alive on 2-25, 1937. Death is said to have occurred on the date stated above, at 9:15 P.m.

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

Bronchial Pneumonia — Date of onset 2-21-37

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Other contributory causes of importance: Exposure in flood area

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) M. Mitchell, M. D.

(Address) New Madrid Mo

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.