

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.

Dr a. m.
69
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JUL 3 0 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Mississippi Registration District No. 567
Township..... Primary Registration District No. 4334
City, East Prairie (No.....) St..... Ward.....

File No. 24337

Registered No. 41 St..... Ward.....

2. FULL NAME Thomas Neal Cat

(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

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Myers Cat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 2

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) Mo.

13. NAME Joseph Cat

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

15. MAIDEN NAME unknown

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

17. INFORMANT Roy Cat (ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dagwood DATE June 12, 1937

19. UNDERTAKER (ADDRESS) Travis Shelby
East Prairie, Mo.

20. FILED June 11, 1937 Duff M. Hodge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

22. I HEREBY CERTIFY That I attended deceased from June 8, 1937, to June 11, 1937. I last saw him alive on June 10, 1937. 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:

accidental injury
Percutanea
old

Other contributory causes of importance:
Injury from
teampa fishing away

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 6-8, 1937

Where did injury occur? MISSISSIPPI County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury TEAM RUN AWAY
Nature of injury INTERNAL INJURIES

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

(Signed) a. j. Martin, M. D.

(Address) East Prairie
MO

