

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pemscot  
Township Butler  
City Portageville (No. 2)

Registration District No. 114  
Primary Registration District No. 5867

File No. 24477  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Female 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1937

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1937

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 4 17

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

Coltis no doctor -  
fell about 6 days.

8. Trade, profession, or particular kind of work done, as splanner, 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

Other contributory causes of importance: none 119 lb

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

13. NAME Mary McTessack

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

15. MAIDEN NAME Albata Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksohl, Miss

17. INFORMANT Mary McTessack  
(ADDRESS) Portageville, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Portageville DATE 6/14 37

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

20. FILED 6-23 1937 Mary W. Cook  
Registrar.

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) Mary W. Cook M. D.

(Address) \_\_\_\_\_ Registrar

Every item of information on this certificate is important. For more information on the value of this certificate, see the instructions on the back of this certificate. Every item of information on this certificate is important. For more information on the value of this certificate, see the instructions on the back of this certificate.

