

AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County *New Madrid*
Township *Conron*
City *Conron* (No. *2*)

Registration District No. *604*
Primary Registration District No. *577B*

File No. *27888*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mildred Nest

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Colored* 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) *May 5 - 1937*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
2 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) *Conron Mo.*

13. NAME *Dewey Nest*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss.*

15. MAIDEN NAME *Alice Taylor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

17. INFORMANT (ADDRESS) *Dewey Nest Conron, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Conron* DATE *July 6 1937*

19. UNDERTAKER (ADDRESS) *Richards Undert. Co. New Madrid, Mo.*

20. FILED *1/23 1937* *Wm O Benson* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *2:50* p.m.

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

Dead with our medical attention (Probably due to falls) few history have

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) *Wm O Benson* M. D.
(Address) *Conron, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied.

1
2
3

