

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 <sup>2</sup>

Registration District No.

604

Township

New Madrid

Primary Registration District No.

5802

City

(No.)

File No.

27891

Registered No.

St.

Ward)

## 2. FULL NAME

Peggy Ann Harden

(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>9-13-1935</i>		
7. AGE	YEARS	MONTHS
	<i>1</i>	<i>10</i>
		<i>17</i>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>none</i>
	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)	<i>Lilbourn Mo R. No 1</i>	
MOTHER'S FATHER	13. NAME	<i>Johnny Harden</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Caruthersville Mo</i>
	15. MAIDEN NAME	<i>Jewell Taylor</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Payson Mo</i>
17. INFORMANT (ADDRESS)	<i>Johnny Harden Lilbourn Mo</i>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<i>Clarkton</i>	DATE <i>7/31/37</i>
19. UNDERTAKER (ADDRESS)	<i>De Lisle Funeral Parlor Portageville Mo</i>	
20. FILED <i>9/25</i>	<i>W. M. O'Bannon</i>	Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<i>July 30 1937</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>July 28</i> , 1937, to <i>July 30</i> , 1937	
I last saw her alive on <i>July 30</i> , 1937	Death is said to have occurred on the date stated above, at <i>4:30 P.M.</i>
The principal cause of death and related causes of importance were as follows: <i>Ptomaine Poisoning</i> <i>(Eating Canned Sardines)</i>	
Other contributory causes of importance: <i>177</i>	
Name of operation	<i>none</i>
What test confirmed diagnosis?	<i>Chemical</i>
Was there an autopsy?	<i>no</i>
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	<i>T</i>
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <i>E. E. Jones</i> , M. D. (Address) <i>Lilbourn Mo</i>	

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.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

27891  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604  
(b) Township New Madrid Primary Registration District No. 3802 Registered No. ....  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peggy Ann Harden

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1937

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

22. I HEREBY CERTIFY That I attended deceased from July 28, 1937 to July 30, 1937  
I last saw h. .... alive on July 30, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 19 - 1935

Stomach poisoning eating Canned Sardines

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .... none  
9. Industry or business in which work was done, as 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: Stomach poisoning eating Canned Sardines

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lilbourn Mo

FATHER 13. NAME Johnny Harden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

MOTHER 15. MAIDEN NAME Jewell Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pogonore Mo

17. INFORMANT (ADDRESS) Johnny Harden Lilbourn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkston DATE 7/31 1937

19. FUNERAL DIRECTOR (ADDRESS) DeLisle Funeral Parlour Partageville Mo

20. FILED 9/25 1937 Wm. O. Bannan Local Registrar

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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 G. E. Jones (Signed) Lilbourn Mo, M. D. (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain term...; s. that it may be properly classified. Exact statement of OCCUPATION is very important.

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