

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

AUG 27 1937

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

Do not use this space.

27893

1. PLACE OF DEATH
 County New Madrid Registration District No. 6004
 Township Ferguson Primary Registration District No. 5260
 City Saint Pleasant (No. _____) St. _____ Ward _____

2. FULL NAME Mary Virginia Wings
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

22. I HEREBY CERTIFY, that I attended deceased from June 5, 1937 to July 5, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1910

I last saw him alive on July 2nd, 1937. Death is said to have occurred on the date stated above, at 6⁰⁰ a.m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>26</u>	<u>9</u>	<u>25</u>	

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
 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 _____

Tuberculosis of Kidneys Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leptonsville, Tenn

Other contributory causes of importance: _____

13. NAME J. O. McCrady

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Virginia Wings

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg, Tenn

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

17. INFORMANT (ADDRESS) Wm O Bannor, Saint Pleasant, Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 7-6-37

Manner of injury _____

Nature of injury 1

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

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 9/25 1937 Wm O Bannor Registrar

(Signed) John J. Killian, M. D.

(Address) Portageville, Mo.

JUN 23 1946

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27893

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604
(b) Township Le Seigneur Primary Registration District No. 3805 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 Mary Virginia Wingo

(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Septonville

13. NAME J.P. one Crady

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

15. MAIDEN NAME Frances Gibson

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

17. INFORMANT (ADDRESS) J.P. one Crady
Point Pleasant mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parlaguville DATE 7-6-1937

19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne
Parlaguville mo

20. FILED 9/25 1937 Wm. C. Bannon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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 ... m.

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

Other contributory causes of importance:
Tuberculosis of Kidney

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. John J. Killian, M. D.
(Signed) John J. Killian (Address) Parlaguville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information submitted or entry supplied, and showing the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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