

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

3 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

MacDonald McJoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

about 9-30-1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, . hrs. or . min.

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

same

10. Date deceased last worked at this occupation (month and year)

June 1937

11. Total time (years) spent in this occupation

15 yrs

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

Mississippi

13. NAME

Louis Dosa

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

?

15. MAIDEN NAME

?

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

?

17. INFORMANT (ADDRESS)

Mac Forest McJoy

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Portageville

DATE

8-15-37

19. UNDERTAKER (ADDRESS)

R. M. Payne

20. FILED

8-12

1937

Mary W. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 19, 1937, to July 24, 1937

I last saw him alive on July 19, 1937. Death is said

to have occurred on the date stated above, at 11:45 A. M.

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

Malaria

Date of onset

7-1-37

Other contributory causes of importance:

Hemorrhage from bowels

7-22-37

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? No

If so, specify

(Signed) Raymond C. Lernal M. D.

(Address)

Portageville, Mo

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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