

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

72 County new Madrid
Township Portage
City Portageville (No. 1)Registration District No. 607Primary Registration District No. 5806File No. 31325Registered No. 31

St. _____ Ward _____

2. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Askeew6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
about 65

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) Mississippi13. NAME Jubinda14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.15. MAIDEN NAME Hattie Turner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT (ADDRESS) Joe Askeew
Portageville18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 8/31 193719. UNDERTAKER (ADDRESS) R. M. Payne
Portageville, Mo.20. FILED 9-2 1937 Mary W. Coker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 193722. I HEREBY CERTIFY, That I attended deceased from Aug 28 1937, to Aug 29 1937I last saw her alive on Aug 28 1937. Death is saidto have occurred on the date stated above, at 61 m.

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

Myocardial Insufficiency Date of onset ?(a) Mitral Stenosis ?(b) Mitral Insufficiency ?(c) Chronic Myocarditis ?Other contributory causes of importance: Chronic nephritis 131 ?

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) John J. Killian, 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.

