

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.

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Geniaco* Registration District No. *1124*
Township *2* Primary Registration District No. *5869*
City *Portageville* (No. _____) St. _____ Ward _____

File No. *31392*
Registered No. *20*

2. FULL NAME

(a) Residence, No. *Portageville, Mo* 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 *Female* 4. COLOR OR RACE *White* 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) *1-9-37*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7 13

OCCUPATION 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) *Portageville MO*
(STATE OR COUNTRY)

MOTHER 13. NAME *D L Rice*

14. BIRTHPLACE (CITY OR TOWN) *Carlton CO*
(STATE OR COUNTRY)

15. MAIDEN NAME *Stadys Cobe*

16. BIRTHPLACE (CITY OR TOWN) *Portageville MO*
(STATE OR COUNTRY)

17. INFORMANT *D L Rice*
(ADDRESS) *Portageville MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portageville 8-22-37*

19. UNDERTAKER *R M Osborn*
(ADDRESS) *Portageville MO*

20. FILED *9-2-37* *Mary W. Corb*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug, 24, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 18* - *1937* to *Aug 24*, 19*37*

I last saw him alive on *Aug 24*, 19*37* Death is said to have occurred on the date stated above, at *9 P* m.

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

Marasmus about Aug 12, 1937 Date of onset _____

Other contributory causes of importance: *Colitis in June, 1937*

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*37*

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) *D L Rice* M. D.

(Address) *Portageville MO*

