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

DEC 23 1937

Do not use this space.

File No. 41952

Registered No.

1. PLACE OF DEATH

County New Madrid Registration District No. 604

Township Broughton Place Primary Registration District No. 5802

City Portageville, Mo (No. , St. Ward)

2. FULL NAME John Missouri, Jr.

(a) Residence, No. Route 1 Bx. 26 A St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Black	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	9	3	

OCCUPATION

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

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) Aug. 9, 1937

11. Total time (years) spent in this occupation 2 Wks

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

FATHER

13. NAME John Missouri

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

MOTHER

15. MAIDEN NAME Mary Jackson

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

17. INFORMANT (ADDRESS) Portageville, Rt.1 Bx. 26 A

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid Mo DATE Nov 16 37

19. UNDERTAKER (ADDRESS) Richard Und Co., New Madrid, Mo

20. FILED 12/11 1937 Tom O Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/19 1937 to 11/14 1937

I last saw him alive on 11/13 1937 Death is said to have occurred on the date stated above, at 1:30 P.m.

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

1. Osteomyelitis, Chronic Rt. Knee, Terminal Portion Rt. Femur, Proximal Portion Tibia And Fibula, Rt., Traumatic in origin — Date of onset 8/9/3

Other contributory causes of importance:

2. Pyemia due to (1)
3. Anemia & Malnutrition due to (1) & (2) 4. Pos. Tetanus

Name of operation Incision & Drainage Date of 10/19/37

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/9 1937

Where did injury occur? WPA Project on Viaduct near New Madri (Specify city or town, county, and State)

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

Manner of injury Rt. Knee struck by handle of

Nature of injury Contusion & Pos. Fresno scra Fracture

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

If so, specify Injured on duty Aug. 9, 1937

(Signed) A. M. Jackson M. D.

(Address) New Madrid, Missouri