

DEC 23 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 County *New Madrid*
 Township *West*
 City (No.)

 Registration District No. *133*
 Primary Registration District No. *5799A*

 File No. *41986*
 Registered No. *14*
 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Child

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

Child

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

Nov 15 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

14

OCCUPATION

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

none

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)

Canaan mo

MOTHER FATHER

13. NAME

J. L. Biggs Jr.

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

Bythville ark

15. MAIDEN NAME

Luelle Franklin

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

Matthews mo

17. INFORMANT

(ADDRESS)

*J. L. Biggs Sr.
Canaan mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Matthews mo
11-29-1937*

19. UNDERTAKER

(ADDRESS)

*Hill Bros
Canaan mo*

20. FILED

11-29-1937

1937

Jas A. Cochran

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-29-1937*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... 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:

Bronchio-Pneumonia 4-16-37

Date of onset

primary

Other contributory causes of importance:

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

(Signed) *J. G. Best*, M. D.(Address) *Canaan mo*

107a



107a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

41986

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1133
(b) Township Nest Primary Registration District No. 5799A Registered No. 14
(c) City..... (d) Street No..... St.
(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

(a) Residence, No. Johnnie E. Briggs 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 14

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mathews Cemetery DATE 11-29-1937

19. FUNERAL DIRECTOR (ADDRESS) Hill Bros
Libbourn

20. FILED 11-29-1937 Gas D. Rochel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him 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:

Bacterial Pneumonia
Primary

Date of onset

Other contributory causes of importance:

Name of operation 1070 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

(Signed) J. H. Best, M. D.

(Address) Caralou mo

