

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

Do not use this space.

**JAN 21 1938**

**1. PLACE OF DEATH**

County New Madrid

Registration District No. 607

Township Portage

Primary Registration District No. 5806

City Portageville (No. 1)

File No. 46170

Registered No. 4

St. 1 Ward

**2. FULL NAME** Mary Lou Stewart

(a) Residence, No. 3 miles north west Portageville, Mo. (If nonresident, give city or town and State)  
(Usual place of abode)

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
4 6

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) At its home New Madrid Co., Mo.

FATHER 13. NAME Albert Stewart

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

MOTHER 15. MAIDEN NAME Dollie Adcock

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

17. INFORMANT Dorcas Stewart (ADDRESS) Portageville

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 12-14-37

19. UNDERTAKER R. M. Payne (ADDRESS) Portageville Mo

20. FILED Jan 10 1938 Man W. Coffey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 37

22. I HEREBY CERTIFY, That I attended deceased from patient had no physician I never saw patient 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:

had pertussis about 6 weeks then suddenly grew worse about twelve hours before death.

it seems it developed broncho-pneumonia since it was decidedly better of the pertussis.

Name of operation NONE 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) A. A. Rudee M. D. (Address) Portageville Mo.

Date of onset

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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.

