

REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11570
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 44358
 (b) Township _____ Primary Registration District No. 5402 Registered No. _____
 (c) City New Madrid (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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. 2209 Louisiana Street St. Little Rock, Ark.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1899-May-22
 7. AGE YEARS 38 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Nurse
 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) Jan 28 - 1937 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manhato Minn.
 13. NAME Henry W. Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ind.
 15. MAIDEN NAME Mary Louise Newsum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Springs Mo.
 17. INFORMANT (ADDRESS) James Brown New Madrid, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid DATE March 4, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Richard Hurd Co., New Madrid, Mo.
 20. FILED 3/3 1938 Wm O'Banion Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2/28/38 to 3/2, 1938
 I last saw her alive on 3/2, 1938 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
(1) Typhoid Poisoning
 Other contributory causes of importance: 163
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc. i. d. c. Date of injury 3/2, 1938
 Where did injury occur? New Madrid, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Self induced
 Nature of injury Typhoid Poisoning
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) William H. Graham M. D.
523 (Address) BX 43 New Madrid, 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.

STATEMENT BY LICENSED EMBALMER

I, Leo Hedgespeth, Licensed Embalmer No. 3803

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

I. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Leo Hedgespeth

Licensed Embalmer No. 3803

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)