

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County *New Madrid*Registration District No. *627*Township *Portage*Primary Registration District No. *5-806*

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

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

m.

4. COLOR OR RACE

Colored

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

Single

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

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

Nov. 9, 1908

7. AGE

YEARS
29

MONTHS

5

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Labourer

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)

Granada Miss.

13. NAME

Geo. Swapsy

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

Miss.

15. MAIDEN NAME

Angie Jones

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

Miss.

17. INFORMANT (ADDRESS)

Henry Swapsy Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Portageville* DATE *4-27*, 19*38*

19. UNDERTAKER (ADDRESS)

John Ross Portageville Mo

20. FILED

6-10, 19*38* *May W. Leake* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 26, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Apr. 21, 1938, to Apr. 26, 1938.*I last saw him alive on *Apr. 24, 1938.* Death is saidto have occurred on the date stated above, at *8 a.m.*

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

Date of onset

*Lobar Pneumonia*Other contributory causes of importance: *10/8*

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) *H. J. Kelley*(Address) *Portageville, Mo.**535*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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