

SEP 9 1938

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

Do not use this space.

29577

1. PLACE OF DEATH

County New Madrid
Township East
City (No. St. Ward)

Registration District No. 821
Primary Registration District No. 5801

File No. 29577
Registered No.

2. FULL NAME

(a) Residence, No. No Name 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 - 1938

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

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) Matthias R. D. 7-10

13. NAME R. L. Fowery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calderwell Co. Ky

15. MAIDEN NAME Ruth Dyer

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

17. INFORMANT (ADDRESS) R. L. Fowery

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS) buried in box

20. FILED 9-26-38 1938 W. H. P. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 26 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 26, 1938, to _____, 19____

I last saw him alive on Aug 26, 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:

been dead
likely in 4 or 5 days
been dead several days
cause unknown

Date of onset

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 W. H. P. Smith

(Signed) _____ M. D.

(Address) Jefferson Mo

Exact statement of OCCUPATION is very important.

