

REC'D SEP 27 1938

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

Do not use this space.

29583

1. PLACE OF DEATH

County *New Madrid*Registration District No. *604*Township *New Madrid*Primary Registration District No. *5802*

City (No.) St. Ward (No.) Ward

2. FULL NAME

Elroy Terry

(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. *3* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*11*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Child.*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)*Ark.*

13. NAME

*Elroy Terry*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Ark.*

15. MAIDEN NAME

*May Burns*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Ark.*17. INFORMANT
(ADDRESS)*J. M. Bremer*

18. BURIAL, CREMATION OR REMOVAL

PLACE *Bremer* DATE *Aug. 3* 19*38*19. UNDERTAKER
(ADDRESS)20. FILED *8/2* 19*38*

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug - 2*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 19*38*, to *Aug 2*, 19*38*I last saw him alive on *July 25*, 19*38* Death is saidto have occurred on the date stated above, at *4 p.* m.

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

By school fund

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 *By school fund*(Signed) *J. M. Bremer* M. D.533 (Address) *Co. Health Officer*

