

REC'D OCT 7

1938

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

Do not use this space.

32854

## 1. PLACE OF DEATH

County New MadridRegistration District No. 604Township New MadridPrimary Registration District No. 553City New Madrid

File No. ....

Registered 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

Female

## 4. COLOR OR RACE

Col

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

Widowed

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Adam Grant

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

April 18 47

## 7. AGE

YEARS

MONTHS

DAYS

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

about 91

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

Housewife

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

1

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

Virginia

13. NAME

Jonah Brophy

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

UK.

15. MAIDEN NAME

UK.

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

UK.

17. INFORMANT (ADDRESS)

Curtis Grant  
New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE Aug 27 1938

19. UNDERTAKER (ADDRESS)

Richard Reid Co.  
New Madrid

20. FILED

9/15 1938 Wm. N. O'Banon

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 25 193822. I HEREBY CERTIFY, that I attended deceased from June 1 1938, to June 3 1938I last saw h. .... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10 P. m.

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

Colitis

Date of onset

Other contributory causes of importance:

Senility

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)

Thelma ... J. M. D.

533 (Address)

W. ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

