

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

Do not use this space.

DECEASED NOV 3. 1938

36368

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

Township New Madrid

Primary Registration District No. 5802

City New Madrid

(No. 11)

St. New Madrid Ward 1

2. FULL NAME

(a) Residence, No. 536 St. New Madrid Ward 1

(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

Cal

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

married

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

Alisona the Andrew

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

April 1, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or mins.

about 64

5

29

OCCUPATION

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)

New Madrid

FATHER

13. NAME

unk

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

unk Ark 9

MOTHER

15. MAIDEN NAME

unk

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

unk

17. INFORMANT (ADDRESS)

James Lee Andrew
New Madrid

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE Oct 1 1938

19. UNDERTAKER (ADDRESS)

none

20. FILED

10/13 1938 Wm. T. O'Bannon
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 30 1938

22. I HEREBY CERTIFY, That attended deceased from

9/1 1938, to 10-30 1938

I last saw him alive on 10-30 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

1) Carcinoma of prostate

Date of onset Pos 1930

Other contributory causes of importance: 5/1

Name of operation unk Date of unk

What test confirmed diagnosis? unk Was there an autopsy? unk

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? unk Date of injury unk 19unk

Where did injury occur? unk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury unk

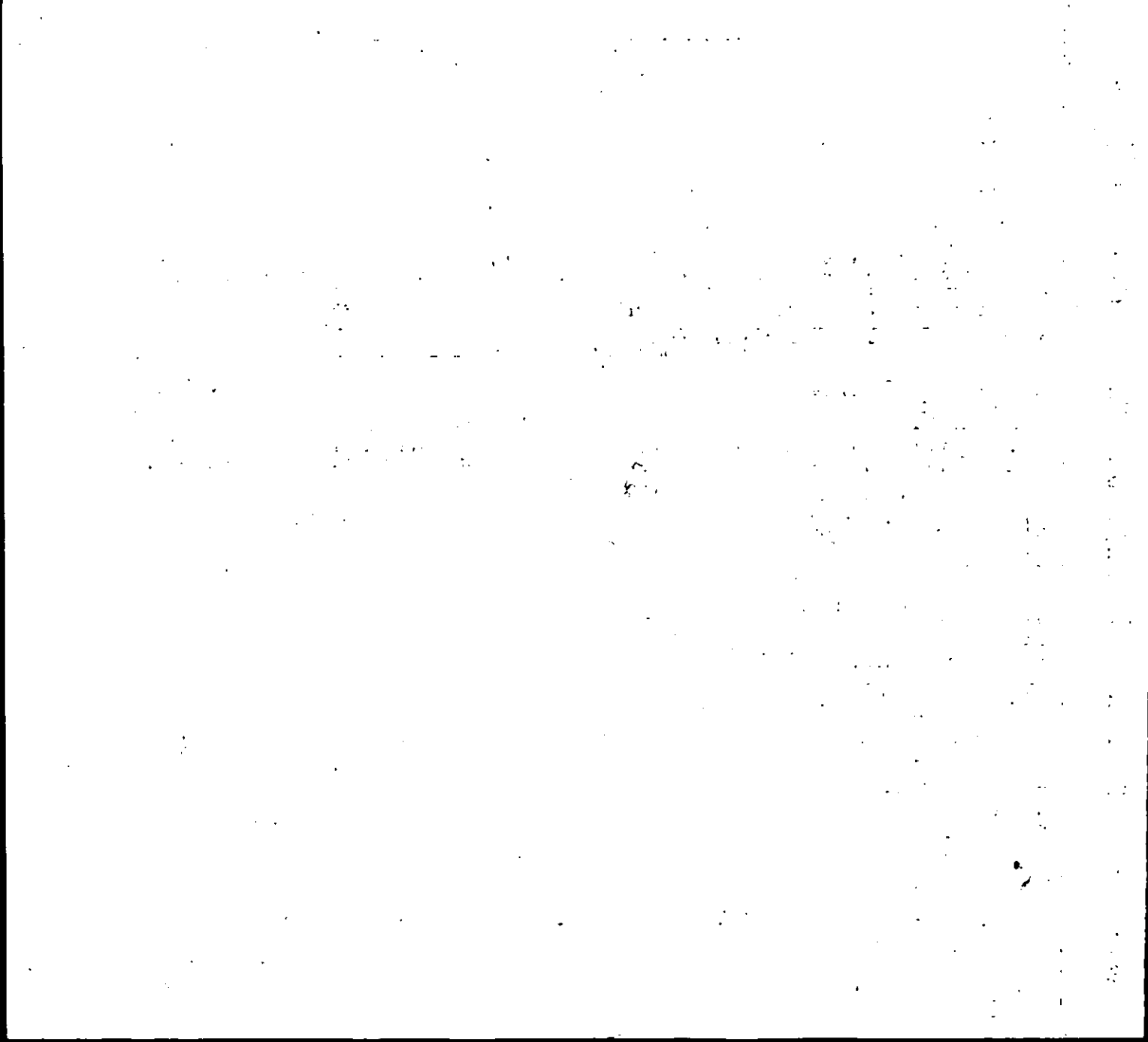
Nature of injury unk

24. Was disease or injury in any way related to occupation of deceased?

If so, specify unk

(Signed) Wm. T. O'Bannon M. D.

533 (Address) New Madrid, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36368

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604
(b) Township New Madrid Primary Registration District No. 5802
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. _____ St. ☐ _____
(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 m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farm
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 13, 1938 Wm N. O'Banion
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 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:

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 _____ (Signed) Wm N. Jackson, M. D.

(Address) New Madrid Mo

