

DEC 1938 FEB 6

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

Do not use this space.

1. PLACE OF DEATH

County *New Madrid*  
Township *New Madrid*  
City *New Madrid* (No. *1*)

Registration District No. *604*  
Primary Registration District No. *5802*

File No. *3250*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Rollins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1899*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. *about 39*

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

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) *Cape Girardeau Mo*

13. NAME *unk*

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

15. MAIDEN NAME *Netta Wehler*

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

17. INFORMANT (ADDRESS) *John Rollins Paragville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Madrid Mo* DATE *Dec 19 1938*

19. UNDERTAKER (ADDRESS) *Richards Undertaking Co - New Madrid*

20. FILED *1/12* 19*39* *Wm O'Bannon Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ 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:

*Gun shot wound* Date of onset \_\_\_\_\_

Other contributory causes of importance *173*

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? *homicide* Date of injury *Dec 1938*

Where did injury occur? *Paragville Mo* (Specify city or town, county, and State)

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

Manner of injury *public place shot with shot gun*  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *J. Whitehead, Coroner*

(Address) *New Madrid*

