JUL 13 1939

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

Do not use this space.

22768

1. PLACE OF DEATH

County New Madrid 2 | Registration District No. 604 | File No.

Township | Primary Registration District No. 4358 | Registered No.

City New Madrid (No. , St. Ward)

524

2. FULL NAME Elvery Townsel

(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 Fem

4. COLOR OR RACE Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1862

7. AGE YEARS about 77 | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Brownsville Tenn.

FATHER

13. NAME Unk

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

MOTHER

15. MAIDEN NAME Unk

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

17. INFORMANT (ADDRESS) Jack Clark New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE May 11, 1939

19. UNDERTAKER (ADDRESS) Richards Und Co. New Madrid Mo

20. FILED 6/12, 1939 Wm O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to , 19

I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 10 A m.

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

Myocarditis

Date of onset

93 d

Other contributory causes of importance: Senile changes

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) M Cahill M.D.

533 (Address) Sikeston Mo 3

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-28-35

RECEIVED
District Hearing Officer No. 2,
District File Number 238-34
Date Filed 7-11