

FILED SEP 16 1940

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

Do not use this space.

See also 31598-44

28177 Rm 6 #

1. PLACE OF DEATH

County Cape Registration District No. 120Township Cape Girardeau Primary Registration District No. 3009City Cape Girardeau (No. 0) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Charles Walter Centry (Usual place of abode) New Madrid, Mo. St. _____ Ward New Madrid Mo. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 0 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 19317. AGE YEARS 9 MONTHS 7 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Michigan13. NAME Clarence Centry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Alice James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Clarence Centry
New Madrid, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown DATE Aug 26 4019. UNDERTAKER (ADDRESS) Richards and Co
New Madrid, Mo.20. FILED 8-25, 1940 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25, 194022. I HEREBY CERTIFY, That I attended deceased from 8/24, 1940, to 8/25, 1940I last saw him alive on 8/25, 1940. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Date of onset

TETANUSOther contributory causes of importance: 22

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? YES Date of injury 8/10 40

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 Strapped on neck

Nature of injury _____

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

If so, specify _____

(Signed) A. D. Smith M. D.Address Cape Girardeau

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.

100
100
100