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

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

Do not use this space.

39446

FILED DEC 11 1940

1. PLACE OF DEATH
County Pemiscot 3 Registration District No. 1099
Township Wardell Primary Registration District No. 5868
City (No. St. Ward)
File No.
Registered No.

2. FULL NAME Lillian Frances New
(a) Residence, No. Wardell, Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 6 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ewin Franklin New
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1872
7. AGE YEARS 67 [redacted] MONTHS 11 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswf.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Sept 1940
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carol Co., Tennessee

FATHER
13. NAME Rufus Bohannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Rosie B. Petty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

17. INFORMANT (ADDRESS) Lester New Wardell, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cooter, Mo. DATE 11/1 1940
19. UNDERTAKER (ADDRESS) LaForge Undertaking Co Caruthersville, Mo.
20. FILED 11-5 1940 J. R. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1, 1940
22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1940 to 11-1, 1940
I last saw her alive on 11-1, 1940 Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:
? Malignancy of Liver or bile passages Terminal failure from cachexia
Date of onset Several Months Ago
Other contributory causes of importance: Old Age
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No
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? No
If so, specify
(Signed) R. A. Bussaberger M. D.
(Address) Wardell, Mo.

No. 2B
-2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39446

Registration District No. 1099 Primary Registration District No. 5568 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) ~~City or town~~ Little River T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lilliano Frances New
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of Liver or Bile passages — Duration 2 yrs.
Terminal failure
Due to from Cachexia
Presumably from
Due to metastases from stomach
Other conditions and age 46
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None so annual statistical data not available

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Broadaway M.D. (M. D. or other)
Address Mardell, Mo. Date signed

S-39446 1940