Bobbitt

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

Do not use this space.

DEC 2 AUG 26 1938

1. PLACE OF DEATH

County Pemiscot — Registration District No. 1099 — File No. 26135

Township Little Twy — Primary Registration District No. 5868 — Registered No.

City Wardell Mo (No. ..... St. ..... Ward)

2. FULL NAME Mazie Lee Sample 514

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1937

7. AGE YEARS 1 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Flint Mich

FATHER

13. NAME Luther Sample 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bulliner Co Mo. 0

MOTHER

15. MAIDEN NAME Geraldine Allen

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

17. INFORMANT (ADDRESS) Luther Sample Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Clarkton Mo DATE 5-29 1938

19. UNDERTAKER (ADDRESS) W. H. Irby Pecto Ark.

20. FILED 8-10 1938 J. R. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24 1938, to May 25 1938

I last saw her alive on May 25 1938. Death is said to have occurred on the date stated above, at 2:00 P.m.

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

Colitis

Date of onset

Other contributory causes of importance: 1 1 4 3

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 of injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Bobbitt, M. D.

(Address) Wardell Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.