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DEPT. OF COMMERCE
BUREAU OF THE CENSUS
UG 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25709

State File No. _____

District No. 607

Primary Registration District No. 4361

Registrar's No. 41

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 20 years
years, months or days

3. (a) PRINT FULL NAME DIGIE FRANKLIN ESTES

3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Miss 6. (c) Age of husband or wife if _____

7. Birth date of deceased Mar. 16 1885
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>56</u> | <u>3</u> | <u>27</u> | hr. _____ min. _____ |

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name George Estes

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ella Williams

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Suzie Estes

(b) Address Portageville Mo.

17. (a) Burial (b) Date thereof 7-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville cemetery

18. (a) Signature of funeral director De Siple Funeral Home
(b) Address Portageville Mo.

19. (a) 7-31-1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town _____
(If outside city or town limits, write "RURAL") 72

(d) Street No. _____
(If rural, give location) 6

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 6, 1941, to July 13, 1941;
that I last saw him alive on July 13, 1941;
(and that death occurred on the date and hour stated above.)

Immediate cause of death Cardiac decompensation 2 weeks

Due to Aortic insufficiency 3 yrs

Due to Syphilitic, vascular 25 yrs

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 308 none

Of operations none

Of autopsy none

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? _____

23. Signature D. C. Leonard (M. D. or other) D. M. D.
Address Portageville Mo. Date signed 7-14-41

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Noel C. Dean

Registered Apprentice No.

working under my personal supervision.

Signed

Noel C. Dean

Licensed Embalmer No.

3941

P. O. Address

Portsmouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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State File No. 25709
Registrar's No. 41

Registration District No. 607

Primary Registration District No. 4361

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Digie J. Estes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced n

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 _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-31-1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 13 Year 1941 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The analysis focuses on identifying trends and patterns within the dataset, which can be used to inform future decisions.

The third section provides a detailed breakdown of the results. It includes several tables and charts that illustrate the key findings. The data shows a clear upward trend in certain areas, while other areas remain relatively stable. These insights are crucial for understanding the overall performance and identifying areas for improvement.

Finally, the document concludes with a series of recommendations based on the findings. It suggests several strategies to address the identified issues and capitalize on the opportunities. The author also notes that ongoing monitoring and evaluation will be necessary to ensure the success of these initiatives.

In summary, this report provides a comprehensive overview of the project's progress and results. It highlights the challenges faced and the solutions implemented, offering valuable insights for stakeholders.