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

Do not use this space.

36126

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. ..... St. ..... Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 306

2. FULL NAME Olive Marie Avance
(a) Residence. No. 831 Nimey 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ~~Married~~ Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1926
7. AGE YEARS 1 MONTHS 4 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Hoxie
(STATE OR COUNTRY) Ark
PARENTS
10. NAME OF FATHER G. E. Avance
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris
(STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER Blanche Yount
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wash. County
(STATE OR COUNTRY) Mo
14. INFORMANT G. E. Avance
(Address) Poplar Bluff, Mo.
15. FILED 1-5, 1928 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/19 1927
17. I HEREBY CERTIFY, That I attended deceased from 12-18, 1927, to 12-19, 1927 that I last saw her alive on 12-19, 1927, and that death occurred, on the date stated above, at 12:55 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
181 2nd + 3d degree burns of abdomen + chest (clothing set on fire in bed by small boy playing with matches)
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A J Clay, M. D
12/30, 1927 (Address) Poplar Bluff, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn
DATE OF BURIAL 12/21 1927
20. UNDERTAKER Frank Und-Co
ADDRESS Poplar Bluff Mo.