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

Do not use this space.

34022

1. PLACE OF DEATH

80 County: Pettis
Township: Green Ridge
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 664
Primary Registration District No. 5-882

File No. .....
Registered No. 18

2. FULL NAME: Mary B. Poulter

(a) Residence, No. ..... 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: E. T. Poulter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25-1864

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

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): Pettis County Missouri

FATHER

13. NAME: W. H. Winfry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Elizabeth Owsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mr E. T. Poulter Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hickory Point DATE: 10-3-33, 19....

19. UNDERTAKER (ADDRESS): HUSTON'S FUNERAL CHAPEL Windsor Mo.

20. FILED: 11/16, 1933 G. R. Shelley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933 to Oct. 1, 1933

I last saw her alive on Sept. 28, 1933. Death is said to have occurred on the date stated above, at 8 pm m.

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

	Date of onset
Cancer of the Breast	
50	

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Other contributory causes of importance: .....

Name of operation: None 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 or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. A. Blackmore, M. D.

(Address) Windsor, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 4 1934

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