

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

Do not use this space.

1. PLACE OF DEATH

County Butter Registration District No. 92
Township Ellis Bluff Primary Registration District No. 5137
City (No. _____) St. _____ Ward _____

File No. 12078
Registered No. _____

2. FULL NAME

(a) Residence, No. R.R. #5 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 <u>M-</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5, 1917</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>6</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>log cutter</u>
	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) Tamora
(STATE OR COUNTRY) Ill.

13. NAME Howard Stull

14. BIRTHPLACE (CITY OR TOWN) Tamora
(STATE OR COUNTRY) Ill.

15. MAIDEN NAME Lola Pyles

16. BIRTHPLACE (CITY OR TOWN) Tamora
(STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Simon Hicles
(ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Bois, Ill. DATE 4-15, 1934

19. UNDERTAKER Frank Wood Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 6-10, 1934 Deat Carl
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:45 m.
The principal cause of death and related causes of importance were as follows:

Drowning
Date of onset 4-12-34
Other contributory causes of importance: 113

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT. Date of injury 4-12, 1934
Where did injury occur? Butter County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place - Black River
Manner of injury Fell from river barge
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) Richard Reynolds ^{doctor}
(Address) Poplar Bluff Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. THIS STATE SHOWS STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

7 4 2 2

