

DEC 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 38670
Registered No. 251
St. Ward

2. FULL NAME

(a) Residence, No. Transient Bureau 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 m 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) 1869 Est.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 Est.

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

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) Pa

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) none

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 11-26-1934

19. UNDERTAKER (ADDRESS) Frankly Wood - Co. Poplar Bluff Mo.

20. FILED 11/26 1934 O.C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 7:00 a.m., 1934, to Nov. 25, 1934

I last saw him alive on Nov. 25, 1934 Death is said to have occurred on the date stated above, at 8 P.M.

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

Syphilis, Central nervous System Date of onset 1924?

Other contributory causes of importance: 34

Name of operation..... Date of.....

What test confirmed diagnosis? Chemical Was there an autopsy? No.

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) J. Lester Maxwell, M. D.

(Address) Poplar Bluff, 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.

