

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Harrison
Township Bethany
City Bethany (No.)

Registration District No. 334
Primary Registration District No. 4197

File No. 34245
Registered No. 68
St. Ward

2. FULL NAME

Elmer B. Poole

(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 Male 4. COLOR OR RACE White 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) Dec-13-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 3

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

FATHER 13. NAME Thornton Poole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Elizabeth Bodkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. John Fumelle (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Mo DATE 9/20 1936

19. UNDERTAKER Frank G. Mann (ADDRESS) Bethany Mo

20. FILED 9-28-1936 A. W. Weisberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1936 to 9-10 1936

I last saw h. in alive on 9-15 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Cerebral Hemorrhage Date of onset 9-10-36

932

Other contributory causes of importance: Chronic Myocarditis - 1928

Name of operation none Date of

What test confirmed diagnosis? Na Was there an autopsy? Na

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? Na

If so, specify W. H. Poole M. D.

(Signed) Bethany Mo (Address)

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.

