

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.

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

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County Buier

Registration District No. 89

File No. 37251

Township

Primary Registration District No. 3007

Registered No. 245

City

Poplar Bluff (No. Poplar Bluff Hospital) St. _____ Ward _____

2. FULL NAME

(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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 6 5 8

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

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) Middlebrook, Ark.

13. NAME Willard Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middlebrook, Ark.

15. MAIDEN NAME Osida Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middlebrook, Ark.

17. INFORMANT Willard Wright (ADDRESS) Middlebrook, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Locusts Ark. DATE 10-5, 1937

19. UNDERTAKER McNabb and Co (ADDRESS) Locusts Ark.

20. FILED 10/5 1937 Obeltinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1937, to 10-5, 1937

I last saw him alive on 10-5, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Acute Peritonitis
Probably Ruptured Appendix

Date of onset 10-2-37

Other contributory causes of importance: 121
Congenital heart disease

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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) H. B. Cooper, M. D.

(Address) Poplar Bluff, Mo.

