

WRITE PLAINLY WITH CAPITAL LETTERS

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.

DEAD APR 15 1939

10238

3. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. 428)

Registration District No. 89
Primary Registration District No. 3007
1220 Alice St

File No.
Registered No. 77
St. Ward

2. FULL NAME ZETHA LEE GILES

(a) Residence, No. 1220 Alice St., 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Poplar Bluff, (STATE OR COUNTRY) Missouri

13. NAME Alden Giles

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Hattie Sanders

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Arkansas

17. INFORMANT Alden Giles (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrocco Cem. DATE March 22, 39

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

20. FILED 3/26 1939 Obertinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1939, to Mar 21, 1939. I last saw him alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Pertussis Date of onset 2-20-39

Other contributory causes of importance:

Name of operation 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) A. H. Anderson, M. D. (Address) Poplar Bluff, Mo

