

REC'D MAY 12 1939

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

14276  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007  
 (c) City Poplar Bluff, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

450 Archie Cloin  
 (a) Residence, No. 1307 Gardner, Poplar Bluff, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
34 7 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carpenter & Paper Hanger  
 9. Industry or business in which work was done, as 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) Sikeston, Mo.

FATHER 13. NAME Lawrence R. Cloin

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

MOTHER 15. MAIDEN NAME Alice Risinger

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

17. INFORMANT (ADDRESS) Mrs. Izora Cloin Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE March 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Greer-Croy Service Poplar Bluff, Mo.

20. FILED 4/11 1939 Obertinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

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 11:15 pm

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

Angina Pectoris  
mashed fingers  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_ Date of injury 3/26, 1939

Where did injury occur? Poplar Bluff, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. industry

Manner of injury chopped / tossed jack on finger  
 Nature of injury mashed end finger off

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Greer W. Greer M.D.  
 (Address) Woodlawn Poplar Bluff

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Thomas W. Green*  
Licensed Embalmer No. 2964  
P. O. Address Toplar Bluffs

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**