

24729

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG. AUG 9 1940
Registration District No. 289

Primary Registration District No. 3007

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community about 8 years

3. (a) PRINT FULL NAME Molly Clay 400

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilburn Clay 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased About 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>About 56</u>			hr. _____ min. _____

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Bryant

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilburn Clay

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof July 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery P.B. Mo.

18. (a) Signature of funeral director Greer-Croy

(b) Address Poplar Bluff, Missouri

19. (a) 7/24/40 (b) Abeltsinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 428 Harper Street
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 1940
year 1940 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 19, 1940, that I last saw her alive on July 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy cerebral hemorrhage

Due to hypertension and arteriosclerosis

Due to _____

Other conditions off h
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

23. Signature W. B. Breaker (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 7-23-40

Duration

July 19 1940

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

..... B. J. Brentlinger, Registered Apprentice No. 208,
working under my personal supervision.

Signed Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.