

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.

SEP AUG 8 1940

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

24733
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 89
(b) Township _____ Primary Registration District No. 3007 Registered No. 225
(c) City Poplar Bluff (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 Della Freeman
(a) Residence, No. 720 Harper St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Wool.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Freeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2-1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 11 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Lintonville Tenn
13. NAME George Nevils
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma
15. MAIDEN NAME Sing Frison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Co. Tenn
17. INFORMANT (ADDRESS) Mrs. L. A. Groupe Poplar Bluff Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Butler DATE Aug 4 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Whittle Poplar Bluff Mo
20. FILED 8/4 1940 Obutsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1940
22. I HEREBY CERTIFY, That I attended deceased from July 26 1940 to July 29 1940
I last saw him alive on July 25 1940 Death is said to have occurred on the date stated above, at 1:45 P. M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Cerebral Hemorrhage Date of onset July 26 1940
Other contributory causes of importance: none
(Primary) 82W
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____ (Signed) Alfred P. Crow M. D.
Poplar Bluff Mo (Address)

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

Edward W. Green

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

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.