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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1933

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 18

12
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits write "RURAL")
(d) Street No. 1014 Clyde 3
(If rural, give location) 8
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rachel Dowthitt

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Benj Douthitt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 1 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Wayne Co Ill / (City, town, or county) (State or foreign country)
10. Usual occupation at Home
11. Industry or business 6

FATHER
12. Name Miles Spurlock
13. Birthplace Ala. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Brooks
15. Birthplace Ala. / (City, town, or county) (State or foreign country)

16. (a) Informant Alpha Douthitt
(b) Address Poplar Bluff Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill
18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo
19. (a) 1/15/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 41 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1941, to Jan 8, 1941; that I last saw her alive on Jan 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dehydration & inanition	
Due to Pulmonary tuberculosis	40 years
Due to	
Other conditions (Include pregnancy within 3 months of death) 13 B	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? 8 (Specify type of place)
While at work? (e) Means of injury

23. Signature C H Porter M.D. (M. D. or other) 0
Address Poplar Bluff, Mo Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff MO

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.