73

JUL 26 1929

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

Do not use this space.

22149

1. PLACE OF DEATH
County: Newton
Township:
City: Neosho (No. St. Ward)

Registration District No. 609
Primary Registration District No. 4363

File No. 58
Registered No.

2. FULL NAME: Milton D. Poor.

(a) Residence. No. 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 10 1860

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 4 | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ky.

PARENTS
10. NAME OF FATHER: Jno E Poor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ky.
12. MAIDEN NAME OF MOTHER: Sarah Suttles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ky.

14. INFORMANT: Jno. Poor
(Address) Harrisonville Mo.

15. FILED 7/8, 1929 O. E. Maulsby
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 13 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to June 13, 1929 that I last saw h. alive on June 13, 1929, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy involving both right and left side
(duration) yrs. 35 mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Cause Abale, M. D.
6 13, 1929 (Address) Neosho Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wheaton Mo.
DATE OF BURIAL: June 14 1929

20. UNDERTAKER: Jno Hassell Jr.
ADDRESS: Pineville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Information should be carefully supplied.

PERMANENT RECORD