

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

Do not use this space.

302

FEB 22 1927

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
Township Poplar Bluff Mo Primary Registration District No. 3007  
City Poplar Bluff Mo (No. ....) St. .... Ward)

File No. ....  
Registered No. 28

**2. FULL NAME**

Infant of Armond Polk & Armond Polk

(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** 2 **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan 29 - 1927

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.  
no no no 2 hrs. 0 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(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)** Poplar Bluff Mo

PARENTS

**10. NAME OF FATHER** Armond Polk

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Ky

**12. MAIDEN NAME OF MOTHER** Anna Daniels

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Poplar Bluff Mo  
St. Louis Mo

**14. INFORMANT (Address)** Armond Polk  
Poplar Bluff Mo

**15. FILED** 2-5-27 W. S. Bailey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 29 - 1927

**17. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... that I last saw him alive on ... 19... and that death occurred, on the date stated above, at ... m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Asphyxiation  
Pneumonia  
1.57 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Pneumonia  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** Poplar Bluff Mo  
IF NOT AT PLACE OF DEATH...

**DID AN OPERATION PRECEDE DEATH?** No DATE OF ...  
WAS THERE AN AUTOPSY? ...

**WHAT TEST CONFIRMED DIAGNOSIS?** Microscopic  
(Signed) W. S. Bailey, M. D.  
2-4-27 (Address) Poplar Bluff 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** Butler County **DATE OF BURIAL** Jan 30 - 1927

**20. UNDERTAKER** J. J. Jones **ADDRESS** Poplar Bluff Mo

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.

