

OCT 24 1927

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

Do not use this space.

23721

1. PLACE OF DEATH

County Bartles Registration District No. 89
Township Poplar Bluff Primary Registration District No. 5131
City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
Registered No. 236

2. FULL NAME

Mildred Lorenas Herb
(a) Residence No. Poplar Bluff - mo. R4 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 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) Sept-6-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 11 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work schoolgirl
(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 Missouri

10. NAME OF FATHER Edgar Herb

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Marion Illinois

12. MAIDEN NAME OF MOTHER Millie Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Waynesville Missouri

14. INFORMANT Edgar Herb
(Address) Poplar Bluff, Mo. - R4

15. FILED 10-7-27 19 27 W. D. Bailey
REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1927, to Aug 22, 1927 that I last saw her alive on Aug 23, 1927, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

129 Peritonitis (duration) yrs. mos. 5 da.
CONTRIBUTORY (SECONDARY) Typhoid fever with a Perforation (duration) yrs. 1 mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? same
IF INFORMATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blackrock
DATE OF BURIAL 2:36 Aug 23 1927
(Signed) J. Lee Harvel, M. D.
(Address) Poplar Bluff Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blackrock
DATE OF BURIAL 2:36 Aug 23 1927
20. UNDERTAKER A. W. Green - Poplar Bluff - mo.
ADDRESS _____

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

