

OCT 24 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26616

1. PLACE OF DEATH

County ButlerRegistration District No. 59Township Poplar BluffPrimary Registration District No. 3007City Poplar Bluff

(No.)

File No.

Registered No. 253

St. Ward

2. FULL NAME

(a) Residence. No. Alice St. new world 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Maner Sims

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 12-1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs.

or min.

21515

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Arkansas

10. NAME OF FATHER

Mark Jordan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Georgia

12. MAIDEN NAME OF MOTHER

Florida Henry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Georgia

14.

INFORMANT (Address)

Maner Sims
Alice Street Poplar Bluff Mo

15.

FILED 10-7, 1927

W.S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1927

17.

I HEREBY CERTIFY, That I attended deceased from

9-261927, to9-261927

that I last saw him alive on

9-261927, and that

death occurred, on the date stated above, at

4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Eclampsia146

CONTRIBUTORY (SECONDARY)

148

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed)

A.J. Clay, M.D.10-7, 1927 (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

DATE OF BURIAL 3: Pm

20. UNDERTAKER

ADDRESS

A.W. Greer 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.

