

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

Do not use this space.

36134

1. PLACE OF DEATH

County Butler
 Township Poplar Bluff
 City Poplar Bluff, Mo.

Registration District No. 87
 Primary Registration District No. 5-131

File No. _____
 Registered No. 307
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Poplar Bluff, Mo. St. Hollytown 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1848

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	79	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work limb fabricator
 (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) Waynes Co. Illinois

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Geo. N. Davis
 (Address) Poplar Bluff, Mo.

15.

FILED 1-5-1928 W. S. Bailey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1927, to Dec - 19, 1927 that I last saw him alive on Nov - 19, 1927 and that death occurred, on the date stated above, at 6:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis

CONTRIBUTORY (SECONDARY)

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) W. P. Rowe, M. D.

12/23, 1927 (Address) 317 Main St Poplar Bluff

*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

Blackrock

DATE OF BURIAL 11: P.m.

Dec. 22, 1927

20. UNDERTAKER

W. B. Greer - Poplar Bluff, Mo.

K. 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.

MISSOURI STATE BOARD OF HEALTH

DEPARTMENT OF HEALTH

RECORD

1928
28

