

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

Do not use this space.

4188

MAR 16 1928

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 40
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 807 Danvers St. 5 Ward.

Marvin Lester Rievely

(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)

single

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

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

Oct 30, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

20

3

14

8. OCCUPATION OF DECEASED

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

Taxi Driver

(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

10. NAME OF FATHER

George Rievely

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

Wayne Co. Mo

12. MAIDEN NAME OF MOTHER

Lora Harris

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

Butler Co. Mo

14. INFORMANT (Address)

Geo. Rievely
Poplar Bluff

15. FILED

2-29-1928

W. S. Bailey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 14 1928

17.

I HEREBY CERTIFY That I attended deceased from

2-17, 1928, to 2-14, 1928

that I last saw him alive on 2-17, 1928, and that death occurred, on the date stated above, at 135-1/2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

31 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) [Signature] M. D.

*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

Woodlawn

DATE OF BURIAL

Feb. 14, 1928

20. UNDERTAKER

Frank Muel-Co - Poplar Bluff

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.

