UG 30 1928 Bailey

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

Do not use this space.

12101-1

1. PLACE OF DEATH
County: Webster
Township: Jackson
City: (No. ..... St. ..... Ward)
Registration District No. 899
Primary Registration District No. 6205
File No. 12101-1
Registered No. 6

2. FULL NAME James Richard Poindexter
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 11, 1880

7. AGE: Years 47, Months 11, Days 11, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): P
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Mo

PARENTS
10. NAME OF FATHER: Samuel Poindexter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Martha Reeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Bertha Poindexter
(Address)

15. Mar 23 1928 E M Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1928, to Mar 22, 1928 that I last saw h... alive on March 22, 1928 and that death occurred, on the date stated above, at 12-20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
1077
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1000
(duration) yrs. mos. ds.

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) E M Bailey, M. D
Mar 23 1928 (Address) Eckland 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: Timber Ridge
DATE OF BURIAL: 3/23 1928

20. UNDERTAKER: H J M Mahan
ADDRESS: Marshfield

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.

12101-1

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