

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

Do not use this space.

16318

1. PLACE OF DEATH
 County Benton Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Emogene M. E. Farland
 (a) Residence No. Hooper's Bldg. 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 F. 4. COLOR OR RACE W. 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) Apr. 24, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>—</u>	<u>—</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Orville M. E. Farland

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

12. MAIDEN NAME OF MOTHER Grace Neely

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

14. INFORMANT Orville M. E. Farland
 (Address) Poplar Bluff

15. FILED 5/19 1928 Dr. B. J. Cling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-1-1928

17. I HEREBY CERTIFY That I attended deceased from 4-24, 1928, to 5-1, 1928
 that I last saw him — alive on 4-21, 1928, and that death occurred, on the date stated above, at 6:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159
106 C
8 1/2 (duration) yrs. mos. da.

CONTRIBUTORY convulsions from
 (SECONDARY) fever - probably from Bronchitis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical hist.

(Signed) A. J. Cling, M. D.

518, 1928 (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

Black Creek 5-2-1928

20. UNDERTAKER ADDRESS

Franklin Co. Poplar Bluff - mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

