

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

Do not use this space.

16321

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 154
St. _____ Ward _____

2. FULL NAME

Joseph Henry Diamond

(a) Residence. No. 109 Dawson St. _____ Ward _____
(Usual place of abode)

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

M. W. Wid-

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9, 1869.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
<u>69</u>	<u>1</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jerseyville Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Jos. Diamond

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

12. MAIDEN NAME OF MOTHER Oliver Essore

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

14. INFORMANT Alice Diamond
(Address) Poplar Bluff

15. FILED 5-5-28 1928 Dr B J Camp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-28, 1928, to 5-2, 1928 that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 8:10 A. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107 10/A
107 (duration) _____ yrs. _____ mos. 4 da.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Dr. H. H. H. H., M. D.

5-5, 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

Will Springs Mo. 5-3 1928

20. UNDERTAKER Frank Wood-Co Poplar Bluff
ADDRESS _____

WHITE 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.

