

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

Do not use this space.

16342

**PLACE OF DEATH**

County Butler  
Township Poplar Bluff  
City 3 Ins on W.B. 31 (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 3007

File No. \_\_\_\_\_  
Registered No. 111  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Richard W. Eye  
(a) Residence. No. B.B. 1 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 — 12

**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) Leasport (STATE OR COUNTRY) Wyo

10. NAME OF FATHER Albert Eye

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

12. MAIDEN NAME OF MOTHER Florence Laughton

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

14. INFORMANT Albert Eye (Address) 115 S. South St. B.B.

15. FILED 7/18 1928 Dr. B.J. Camp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928 to May 8, 1928, that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at 4:30 p. m.

**CAUSE OF DEATH - WAS AS FOLLOWS:**

Sarso 2nd class.  
197  
12015/146  
CONTRIBUTORY (SECONDARY) Sour fermented milk (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 da.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Dr. F. S. Taylor M. D.

21. State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashtersht Cem DATE OF BURIAL May 9 1928

23. UNDERTAKER N. J. Phelps ADDRESS B.B.

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.

MISSOURI STATE BOARD OF HEALTH - THIS IS A PERMANENT RECORD

