CT 26 1928

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

Do not use this space.

30200

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Springfield — Primary Registration District No. 2001 — Registered No. 627
City (No. St. Johns Hospital St. Ward)

2. FULL NAME John R. Poindexter
(a) Residence. No. Everton Mo 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.

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.

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~~ Minnie Poindexter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1877

7. AGE: about — YEARS: 51 — MONTHS: Unknown — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Mo.

PARENTS
10. NAME OF FATHER Ben Poindexter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT George Barker
(Address) Everton Mo.

15. FILED 9/3 1928 O. C. Horst M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to Sept 2, 1928, that I last saw him alive on Sept 1st, 1928, and that death occurred, on the date stated above, at 3:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Calculus of Left Ureter

Bill (duration) F yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Acute Parenchymatous Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/23/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Geo. W. Hogg Moore M.D.
Sept 3, 1928 (Address) 704 Woodruff Bldg

*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: Everton Mo — DATE OF BURIAL: Sep 3 1928

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: Springfield, Mo.