

DEC 26 1928

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

Do not use this space.

36194

1. PLACE OF DEATH

County Butler

Registration District No. 809

File No. _____

Township Poplar Bluff

Primary Registration District No. 3007

Registered No. 235

City Poplar Bluff (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode)

Bloomfield, Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth 78 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 Mahala Cleveland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850

7. AGE YEARS 78 MONTHS Est. DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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) Farm (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jaswell (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Not known

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

12. MAIDEN NAME OF MOTHER Jennings

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

14. INFORMANT Lon Cleveland (Address) Bloomfield Mo

15. FILED Nov 28 1928 D. B. Clay REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/4/28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1928, to Nov. 4 1928 that I last saw him alive on Nov. 4 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema
9:30 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Mesenteric (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) A. D. Kuehert M. D. 28, 1928 (Address)

*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 Bloomfield Mo DATE OF BURIAL Nov 5 1928

20. UNDERTAKER J. A. Chiles Bloomfield Mo ADDRESS _____

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.

