

DEC 26 1928

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

Do not use this space.

36202

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. _____ St. _____ Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 248

2. FULL NAME

Clifford Thomas Timmons

(a) Residence No. 820 Grand 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 M 4. COLOR OR RACE W 5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Birdie Timmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 2 29

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, STATE OR COUNTRY) not known Kentucky

10. NAME OF FATHER Esa Timmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Linga Cobb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) not known

14. INFORMANT Birdie Timmons
(Address) Poplar Bluff

15. FILED 11/26/28 1928 Dr. B. J. Clary REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1928, to Nov 27 1928, that I last saw him alive on Nov 27 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/26 (duration) yrs. mos. 26 da.
CONTRIBUTORY (SECONDARY) 11/26 (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
(Signed) A. W. Davenport, M. D.
11-24-1928 (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 Green Hill DATE OF BURIAL 11-24 1928
20. UNDERTAKER Frankford Co - Poplar Bluff 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.

