

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

Do not use this space.

407

**1. PLACE OF DEATH**

County Butler  
Township  
City Poplar Bluff (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 0007

File No. \_\_\_\_\_  
Registered No. # 17  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Williamsville Mo.  
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1910

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.  
18 5 9

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Greenville Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Victor Sears

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

12. MAIDEN NAME OF MOTHER Lizzie Manning

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

14. INFORMANT Victor Sears  
(Address) Williamsville Mo.

15. FILED 2/1 1929 BY Dr B J Clue  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1929

17. I HEREBY CERTIFY That I attended deceased on Jan 26, 1929, and that she was alive on Jan 28, 1929, and that death occurred, on the date stated above, at 2 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107  
Pneumo pneumonia  
(duration) yrs. mos. 6 da.  
CONTRIBUTORY Pulmonary edema  
(SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED? 100%  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) A. L. Kuehert M. D.

2/29 19 (Address) 1124 N. Main 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 Williamsville DATE OF BURIAL 1-29 1929

20. UNDERTAKER Frankland - Co - Poplar Bluff 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.

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10000 1.1