

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

Do not use this space.

9747

1. PLACE OF DEATH

County Butter
Township Poplar Bluff
City Poplar Bluff (No.) St. Ward)

Registration District No. 89
Primary Registration District No. 3007

file No.
Registered No. 6

2. FULL NAME

(a) Residence No. 418 N. Main St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex McDonald

17. I HEREBY CERTIFY, That I attended deceased from 3-8, 1929 to 3-8, 1929 that I last saw him... alive on 3-8-29, 19... and that death occurred, on the date stated above, at 7:15 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 66 10 1 — — —

95C
R2A
Asphyxy
(duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 2 yrs. — mos. — da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH, DATE OF... 90B

10. NAME OF FATHER Francis Ebanes

DID AN OPERATION PRECEDE DEATH? no DATE OF... WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signature) J.W. Johnson, M. D.
(Address) 3-10, 1929 Poplar Bluff

12. MAIDEN NAME OF MOTHER not known

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

*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.

14. INFORMANT G. McDonald
(Address) Poplar Bluff, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trouton Rd DATE OF BURIAL 3-11 1929

15. FILED 3/11/29 Dr. J. C. Clark REGISTRAR

20. UNDERTAKER Franklin to 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.

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