

AUG 22 1929

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

Do not use this space.

23934

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 129

City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. maud St. 3 Ward _____

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

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

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

July 30 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or 10 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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Poplar Bluff

(STATE OR COUNTRY)

10. NAME OF FATHER

Elmo Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Maubell

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Randolph Co Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Elmora

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Elmo Cunningham

Poplar Bluff Mo

15. FILED

8/6 28

Dr B J Cline

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 30 1929

17.

I HEREBY CERTIFY, That I attended deceased from July 30 1929, to July 31 1929, 1929 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 1:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Breach Delivery

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

18 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed)

Alfred P. Cline, M. D.

8-5, 1929 (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

DATE OF BURIAL

Marble Hill

July 30 1929

20. UNDERTAKER

ADDRESS

Frank Underwood Poplar Bluff Mo

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.

WHILE IN THE HOSPITAL, WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

7-4-2

