

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

Do not use this space.

30212

1. PLACE OF DEATH

County Butler
Towship ash Hill
City Ed (No. 1)

Registration District No. 92
Primary Registration District No. 5134B

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 33 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 - 1896

7. AGE 33 YEARS MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Saw Milling
(c) Name of employer Fred Pyatt

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

10. NAME OF FATHER Joseph Lambert

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

12. MAIDEN NAME OF MOTHER Horseuse Canine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quilin
(STATE OR COUNTRY) Illinois

14. INFORMANT Mary Brancato
(Address) Quilin Mo

15. FILED 9/16 1929 Watt Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1929, to Sept 12 1929, that I last saw him alive on Sept. 12 1929, and that death occurred, on the date stated above, at 10:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

severe Colitis
170 lb
95 lb

CONTRIBUTORY (SECONDARY) alcoholism
(duration) _____ yrs. mos. da.

(duration) _____ yrs. mos. da.

18. WHERE THE DISEASE CONTRACTED 114B
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. H. Barnett M. D.
Sept 13 1929 (Address) Poplar Bluff

*State the DISEASE CAUSING DEATH, or if 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 Quilin Cemetery DATE OF BURIAL Sept. 13 1929

20. UNDERTAKER W. Green 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.

