

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

Do not use this space.

33118

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township Poplar Bluff

Primary Registration District No. 3007

City Poplar Bluff No. _____

File No. _____

Registered No. 188

St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 415 22 E. St. 4 Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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)

Oct 28-29

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 5 hrs. or _____ 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) (STATE OR COUNTRY)

Poplar Bluff Mo.

10. NAME OF FATHER

Bleda Kester

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

Poplar Bluff Mo.

12. MAIDEN NAME OF MOTHER

Dora Giles

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

Mount Vernon Mo.

14. INFORMANT (Address)

Bleda Kester Poplar Bluff

15. FILED

Oct 28 29

Dr. B. J. Cline

REGISTRAR

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

Oct 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

159 / 161 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Thos. Hancher, M. D.

10-29-29 (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

B Marble Hill Oct 29 19 29

20. UNDERTAKER

ADDRESS

Frankly Und. Co Poplar Bluff Mo.

N. E.—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.

