

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

Do not use this space.

33119

1. PLACE OF DEATH

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

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 189
St. Ward)

2. FULL NAME Billy Dean Scofield

(a) Residence. No. 626 N. Front St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Missouri

10. NAME OF FATHER John Scofield

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

12. MAIDEN NAME OF MOTHER Anna Beck

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

14. INFORMANT John Scofield
(Address) Poplar Bluff, Mo.

15. FILED Oct 30 1929 Dr B J Claus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1929, to Oct 30, 1929, that I last saw alive on Oct 30, 1929, and that death occurred, on the date stated above, at 10:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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107R
Broncho pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY Whooping Cough
(SECONDARY) (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH same

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Lee Maxwell, M. D.

10/30, 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
Little Brushy cemetery Oct. 31, 1929

20. UNDERTAKER ADDRESS
A. W. Greer 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.

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