

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

Do not use this space.

18741

1. PLACE OF DEATH

County Wentworth
Township Poplar Bluff
City Poplar Bluff

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 97
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 204 Belmont 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 - 10 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Electrician
(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 Chas W Lombard

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

12. MAIDEN NAME OF MOTHER Alice Kitchener

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

14. INFORMANT (Address) John Lombard

15. FILED 6/12 30 1930 Dr B J Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to 6-10, 1930 that I last saw him alive on 6-10, 1930 and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2 yr (duration) 10 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31 (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms
(Signed) P. J. Clark, M. D.

6/12 1930 (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 Cities Cem DATE OF BURIAL June 11 1930

20. UNDERTAKER Frank Mudd Co ADDRESS Poplar Bluff, Mo

N. K. CAUSE OF DEATH. EXACTLY AS STATED BY PHYSICIANS SHOULD BE STATED EXACTLY. Exact statement of OCCUPATION is very important. It may be properly classified.

18

30 - 6 - 10

92 - 8 - 6

57 - 10 - 4

1000

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No.

Township Poplar Bluff

Primary Registration District No. 3007

Registered No. 97

City Poplar Bluff (No.) St. Ward)

2. FULL NAME

(a) Residence No. 204 Alameda St. Sw. 4 Ward.

(Usual place of abode)

(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

3. SEX

4. COLOR OR RACE

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

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

15.

FILED 19

Dr B J Cline
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

19

17.

I HEREBY CERTIFY, That I attended deceased from 6-11 1930 to 6-10 1930 that I last saw him alive on 6-10 1930, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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) M. D.

, 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

U. S. NO. 4

WRI... PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated in plain figures, so that it may be accurately ascertained. OCCUPATION is very important.

ADULTS

S-18741