

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

Do not use this space.

18747

1. PLACE OF DEATH

County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. _____)

File No. _____
Registered No. 185
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____ Walnut Ridge, Mo.
(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 <u>m</u> | 4. COLOR OR RACE <u>w</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1890 Est.</u> | | |
| 7. AGE <u>40 Est</u> | YEARS | MONTHS |
| | DAYS | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>none</u> (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) <u>not known</u> | | |
| 10. NAME OF FATHER <u>not known</u> | | |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u> | | |
| 12. MAIDEN NAME OF MOTHER <u>not known</u> | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u> | | |
| 14. INFORMANT <u>none</u> (Address) _____ | | |
| 15. FILED <u>6/18 1930</u> <u>D. J. King</u> REGISTRAR | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Overdose narcotics, self administered
79H (accidental)
(drowning) (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) GB (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Good cheer Croner, M. D.
June 14, 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 <u>Kansas City, Mo.</u> | DATE OF BURIAL <u>6-19 1930</u> |
| 20. UNDERTAKER <u>Frank M. d. Co Poplar Bluff</u> | ADDRESS |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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V. S. NO. 2.

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