

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

Do not use this space.

18753

1. PLACE OF DEATH

County Benton Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

William Dees
 (a) Residence. No. Cole Ave. St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Dees
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1892
 7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
58 5 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lumber Stacker
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Galloway Peas Lb Co.

9. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Anderson Dees
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Monon Baxley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

14. INFORMANT Charles Whitman
 (Address) Poplar Bluff Mo.

15. FILED 6/23 30 Dr B J Clue
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930
 17. I HEREBY CERTIFY, That I attended deceased from June 19 1930, to June 29 1930
 that I last saw hm. alive on June 19 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23 H (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)
 (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) Alfred Rave M. D.

*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.
June 22, 1930 (Address) Poplar Bluff Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL June 22 1930

20. UNDERTAKER W Dees Poplar Bluff Mo. ADDRESS

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

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.

MICROFILM RESERVED FOR BINDING

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