

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

Do not use this space.

23774

1. PLACE OF DEATH

County Pemiscot

Registration District No. 653

Township Hayti

Primary Registration District No. 4390

City Hayti

(No. St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

B. F. Allen

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

June 23 1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ...hrs. or min.

69

-

10

8. OCCUPATION OF DECEASED

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

None

(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)

North Carolina

10. NAME OF FATHER

T. L. Poplawn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Carolina

12. MAIDEN NAME OF MOTHER

Anna Oates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Carolina

14.

INFORMANT

(Address)

Arthur Allen

Hayti Mo

15.

FILED 7-4-1930

W. H. Harrison
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3-38 19

17. I HEREBY CERTIFY, That I attended deceased from
June 10 1930, to July 3 1930
that I last saw him alive on July 3 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Organic Heart Disease
131
95B
162
Pericarditis
Contributory
(SECONDARY)
Dehydration
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Phys. Exam
William Hitt
M. D.

7-4-1930 (Address) Hayti 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

Oates Cemetery Hayti

7/5 1930

20. UNDERTAKER

ADDRESS

W. H. Harrison

Hayti 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.

