SEP 22 1930

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

Do not use this space.

26004

1. PLACE OF DEATH
County Dunkler
Township Poplar Bluff
City (No. ..... St. ..... Ward)
Registration District No. 84
Primary Registration District No. 3007
File No. .....
Registered No. 144

2. FULL NAME Nuella Island
(a) Residence. No. ..... St., ... Ward. Holcomb 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. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30 - 1927

7. AGE Years 2 Months 9 Days 4 If LESS than 1 day, ... hrs. or ..... min.

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) Clarkton
(STATE OR COUNTRY) Dunklin County Mo

PARENTS
10. NAME OF FATHER Bryan Island
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clarkton
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Pearl Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maiden
(STATE OR COUNTRY) Mo

14. INFORMANT Bryan Island
(Address) Holcomb Mo

15. FILED 8/4 1930 Dr B J Clue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Aug 4, 1930 that I last saw him alive on Aug 4, 1930, and that death occurred, on the date stated above, at 6:40 p.m.

21 C THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute appendicitis with gen. peritonitis
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Holcomb Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 2-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. L. Kneibert, M. D
8/4/30 (Address) 1124 N Main

*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 Stanfield Cemetery Holcomb, Mo
DATE OF BURIAL Aug 4 1930
20. UNDERTAKER
ADDRESS

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2