

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.

SLIP 22 1930

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

Do not use this space.

26022

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City (No.)

Registration District No. 89
Primary Registration District No. 5731

File No. 26022
Registered No. _____
St. _____ Ward)

2. FULL NAME

Claud English

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M- 4. COLOR OR RACE W- 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. 23, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 28 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butler County Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Ela English

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

12. MAIDEN NAME OF MOTHER Mary George

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

14. INFORMANT Frank English
(Address) Poplar Bluff, Mo. #3

15. FILED 8/10-30 Dr B G Club

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Heat Prostration
2. Tetany 3 days
3. Cardiac failure (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam, history
(Signed) B. J. McAuley, M. D.
, 19____ (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Butler Doolley Cem. Co DATE OF BURIAL 8-14 1930

20. UNDERTAKER Frank Und. Co Poplar Bluff ADDRESS _____

