

OCT 28 1930

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

Do not use this space.

29241

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No.

Township

Primary Registration District No. 3007

Registered No. 169

City Poplar Bluff (No. 169 Ward)

2. FULL NAME

(a) Residence No. 1314 Mills St. 3 Ward.

(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 (write the word)

Infant

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

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

Sept 1-30

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 5 hrs. or — min.

8. OCCUPATION OF DECEASED

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

(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)

Poplar Bluff

10. NAME OF FATHER

Bob Luck

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

Poplar Bluff

12. MAIDEN NAME OF MOTHER

Solna Vankin

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

Poplar Bluff

14.

INFORMANT (Address)

Bob Luck
Poplar Bluff

15.

FILED

9/6 30 / Dr J G Clem

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Sept 1 1930 that I last saw him alive on Sept 1 1930 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

159

CONTRIBUTOR (SECONDARY)

161

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Mr Jai Dan M. D.

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

DATE OF BURIAL

Consenter Chapel Sept 2 30

20. UNDERTAKER

ADDRESS

Frank W. Co Poplar Bluff

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.

