

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

Do not use this space.

31429

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **9036**

City **St. Louis** (No. **Mo. Pacific Hosp**)

St. Ward)

2. FULL NAME

Arthur R. Freeman

(a) Residence. No. **815 Alice**
(Usual place of abode)

St. **17** Ward. **Poplar Bluff, Mo**

(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

negro

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

married

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

Maud Freeman

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

March 22 - 1888

7. AGE

42

5

26

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) **Rail Road**

(c) Name of employer **Mo. Pacific R.R.**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Miss**

10. NAME OF FATHER

E. Freeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Unknown**

14.

INFORMANT.....
(Address)

**Maud Freeman
Poplar Bluff, Mo.**

15. SEP 18 1930
FILED.....

W. C. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to Sept 17, 1930, that I last saw him alive on Sept 17, 1930, and that death occurred, on the date stated above, at 6:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Peritonitis of the Peritoneal

24A (duration) yrs. **6** mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculous meningitis of the Meninges (duration) yrs. mos. ds. **7**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Poplar Bluff, Mo

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **6-26-30**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **operation**

(Signed) **R. C. Freeman** M. D.

9/17, 1930 (Address) Mo. Pac. Hospital # 20373

*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

Poplar Bluff Mo

9-19 1930

20. UNDERTAKER

ADDRESS

Frank Und.

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.

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