

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

Do not use this space.

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1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
 Township Poplar Bluff Primary Registration District No. 5131 Registered No. 13
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Butler 42 Ave St. _____ 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo

13. NAME Elmo Walter Temple

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Mo Ky

15. MAIDEN NAME Rayette Louise Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo

17. INFORMANT (ADDRESS) Elmo W. Temple

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill Cem. DATE Jan 11 1931

19. UNDERTAKER (ADDRESS) see above

20. FILED Jan 12 1931 By Chap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Jan 11 1931
 I last saw him alive on Jan 10 1931 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

premature birth
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 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? W
 If so, specify _____
 (Signed) Alfred H. Jones M. D.
 (Address) Poplar Bluff Mo

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.

FEB 18 1931

