

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

Do not use this space.

8950

1. PLACE OF DEATH

County Butter
Township
City Poplar Bluff (No. 1-3-13-1)

Registration District No. 89
Primary Registration District No. 1-3-13-1

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. St. Louis 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. 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) Feb. 20, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 0 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

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) Poplar Bluff Mo.

13. NAME Trem Derrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken -

15. MAIDEN NAME Betty Ann Lacwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Lon Derrington (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Mar 12 1931

19. UNDERTAKER Frank Wood Co. (ADDRESS) Poplar Bluff Mo.

20. FILED Mar 13 1931 By Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Internal hemorrhage Date of onset _____

1948/180

458/180

Other contributory causes of importance: _____

fell from railroad trestle while working in an intoxicated condition

Branch of No. 101 1/2 mi east Poplar Bluff Mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? (S) Was there an autopsy? _____

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

Accident, suicide, or homicide? accident Date of injury 3-7, 1931

Where did injury occur? Butter Poplar Bluff Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury fell from rail road crossing

Nature of injury fracture of ribs

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Yvonne Green M. D.

(Address) Poplar Bluff Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT

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.

APR 21 1931

