

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

Do not use this space.

8962

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 128 S. "B" 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 0 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 1113

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Exam Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Mrs. J. W. Davis Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 3-29 1931

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

20. FILED Mo 28 1931 W. C. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1931

22. I HEREBY CERTIFY, That I attended, deceased from March 25 1931, to March 26 1931
I last saw her alive on March 26 1931 Death is said to have occurred on the date stated above, at 3:50 P.M.

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

Acute cardiac failure 1st/31
Pulmonary edema 2nd/31
Other contributory causes of importance: Nephritis 2 yrs ago
Hypertension

Name of operation _____ Date of _____
What was 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? No

If so, specify J. L. Kuehner M. D.
(Signed) Poplar Bluff, Mo.
(Address)

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.

APR 21 1931

