

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.

JUL 22 1931

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

Do not use this space.

20707

1. PLACE OF DEATH:

County Butler
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 120
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Grand 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-28-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 231
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 Jacob Helvey

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

15. MAIDEN NAME Lutisha Walsh

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

17. INFORMANT He of Helvey (ADDRESS) Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 6-10 1931

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

20. FILED June 16, 1931 (Signature) B. J. Cruise Registrar.

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9 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 _____ m.

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

suffocation
100 (accidental)
House partly burned
Other contributory causes of importance:
Trapped in burning
house while asleep

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? accident date of injury 6-9, 1931

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

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

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Spencer Green Grouner, M. D.
(Address) Poplar Bluff Mo.

