

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

Do not use this space.

27609

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 159
St. Ward)

2. FULL NAME

Unknown white man

(a) Residence, No. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>Est 32</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>unknown</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 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 Est 4:30 A.M.

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

SB fracture top left right side skull
note
This man was found in lower yards by side of tracks evidence showed he had been hit over head with some blunt instrument fracturing skull over right eye near top head

Date of onset

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?.....

If so, specify.....

(Signed) Yovel Green owner, M. D.

(Address) Poplar Bluff

FATHER	13. NAME	<u>unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u>
MOTHER	15. MAIDEN NAME	<u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u>
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>city</u>	DATE <u>Aug 10</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS)	<u>Beverly Funeral Home Poplar Bluff Mo</u>	
20. FILED	<u>Aug 10</u> 19 <u>31</u>	<u>B. J. Clem</u> Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

21 1931

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