

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

Do not use this space.

27621

**1. PLACE OF DEATH**

County Butler  
Township Paplar Bluff  
City Paplar Bluff Mo.

Registration District No. 89  
Primary Registration District No. 3007

File No. \_\_\_\_\_  
Registered No. 178  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Paplar Bluff Hospital Paplar Bluff Mo Repley 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 Male 4. COLOR OR RACE White 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) Nov 8-1917  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 9 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Repley Co Mo

MOTHER FATHER  
13. NAME John C. Venable

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

15. MAIDEN NAME Lillemma Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Ark

17. INFORMANT John C. Venable  
(ADDRESS) Psalt Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Arnold Cem. DATE 1931

19. UNDERTAKER J. P. Phelps  
(ADDRESS) Paplar Bluff Mo

20. FILED Aug 25 1931 B. J. Phelps  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-23 1931, to 8-25 1931

I last saw him alive on 8-20 1931. Death is said to have occurred on the date stated above, at 5:26 a.m.

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

Tetanus Date of onset 8-20-31

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 \_\_\_\_\_, 1931

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 Cut on heel with knife  
Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_ (Signed) J. M. Thompson M. D.

(Address) Paplar Bluff Mo

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.

