

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

Do not use this space.

27632

1. PLACE OF DEATH

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

Registration District No. 89
Primary Registration District No. 5731

File No.
Registered No. 164

2. FULL NAME

Peoples - Premature

(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>DIVORCED</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1931</u>			
7. AGE	YEARS	MONTHS	DAYS
_____	_____	_____	_____
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) <u>Butler Co, Mo.</u>			
13. NAME <u>Alva James Peoples</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clary Co, Ark.</u>			
15. MAIDEN NAME <u>Lola Ethel Hedge</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Senath, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Alva James Peoples</u>			
18. BURIAL, CREMATION OR REMOVAL			
PLACE	<u>On Premises</u>	DATE	<u>Aug 5 1931</u>
19. UNDERTAKER (ADDRESS) <u>none</u>			
20. FILED <u>Aug 5 1931</u> <u>B J Camp</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1931

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

I last saw h.i.m. alive on Aug 5, 1931. Death is said to have occurred on the date stated above, at 4:55 A.M.

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

159
Premature birth

Other contributory causes of importance:
159

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) Alfred H. Gray, M. D.
(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.

1931

