

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

Do not use this space.

30645

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 191

2. FULL NAME Tupper Lloyd Nicewarner

(a) Residence, No. 208 North B. Street St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 37 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Nicewarner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mo. Pac. R.R.

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

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) Ottoway Ohio

13. NAME John Nicewarner

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mary E. Nicewarner
 (ADDRESS) 208 N. B. St. Poplar Bluff, Mo.

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

19. UNDERTAKER Greer Undertaking Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED Sept. 31 1931 D. J. Clinz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1931 to Sept 4, 1931

I last saw him alive on Sept 3, 1931 Death is said

to have occurred on the date stated above, at 9:26 A. M.

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

Apoplexy

87A 82A

Other contributory causes of importance: _____

this attack

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) Alfred Stov M. D.

(Address) Poplar 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.

OCT 22 1931

