

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

Do not use this space.

30647

1. PLACE OF DEATH

County Buttler
Township _____
City Poplar Bluff No. _____

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Coring Ark.
(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. 12 hours
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) Nov. 7-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 121 B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 122 B
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) Coring Ark.

13. NAME Gas. B. Teasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco Texas

15. MAIDEN NAME Fannie Cage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Mo.

17. INFORMANT J. B. Teasley
(ADDRESS) Coring Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgewood DATE 9-12-31

19. UNDERTAKER Frankland Co.
(ADDRESS) Poplar Bluff

20. FILED Sept 12 31 B. J. Clump
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 1931

22. HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Sept 11, 1931.
I last saw h. in alive on Sept 11, 1931 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Intestinal obstruction
Adhesions complicating appendicitis
Other contributory causes of importance: 121

Name of operation Appendectomy Date of 9/11/31
What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. H. Row, 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

