

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

Do not use this space.

33737

1. PLACE OF DEATH

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

Registration District No. 89
Primary Registration District No. 5131

File No.
Registered No. 203 St. Ward

2. FULL NAME

(a) Residence, No. Infant of Mr. & Mrs. Gert Hill
(Usual place of abode) Poplar Bluff Mo Rural Ward.

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>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 9-1931</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>0</u>
If LESS than 1 day, <u>2</u> hrs. or <u> </u> min.		

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) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) North of Poplar Bluff
(STATE OR COUNTRY) Builer County Mo.

13. NAME Gert Hill

14. BIRTHPLACE (CITY OR TOWN) Builer County
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elsie Lewis

16. BIRTHPLACE (CITY OR TOWN) Builer County
(STATE OR COUNTRY) Mo.

17. INFORMANT Gert Hill
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill's Cemetery DATE 10-9-31

19. UNDERTAKER Awgrees
(ADDRESS)

20. FILED Oct 9, 1931 B. J. Clump
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1931, to Oct 9, 1931
I last saw him alive on Oct 9, 1931. Death is said to have occurred on the date stated above, at 3:40 m.
The principal cause of death and related causes of importance were as follows:
Pertussis parvum malle

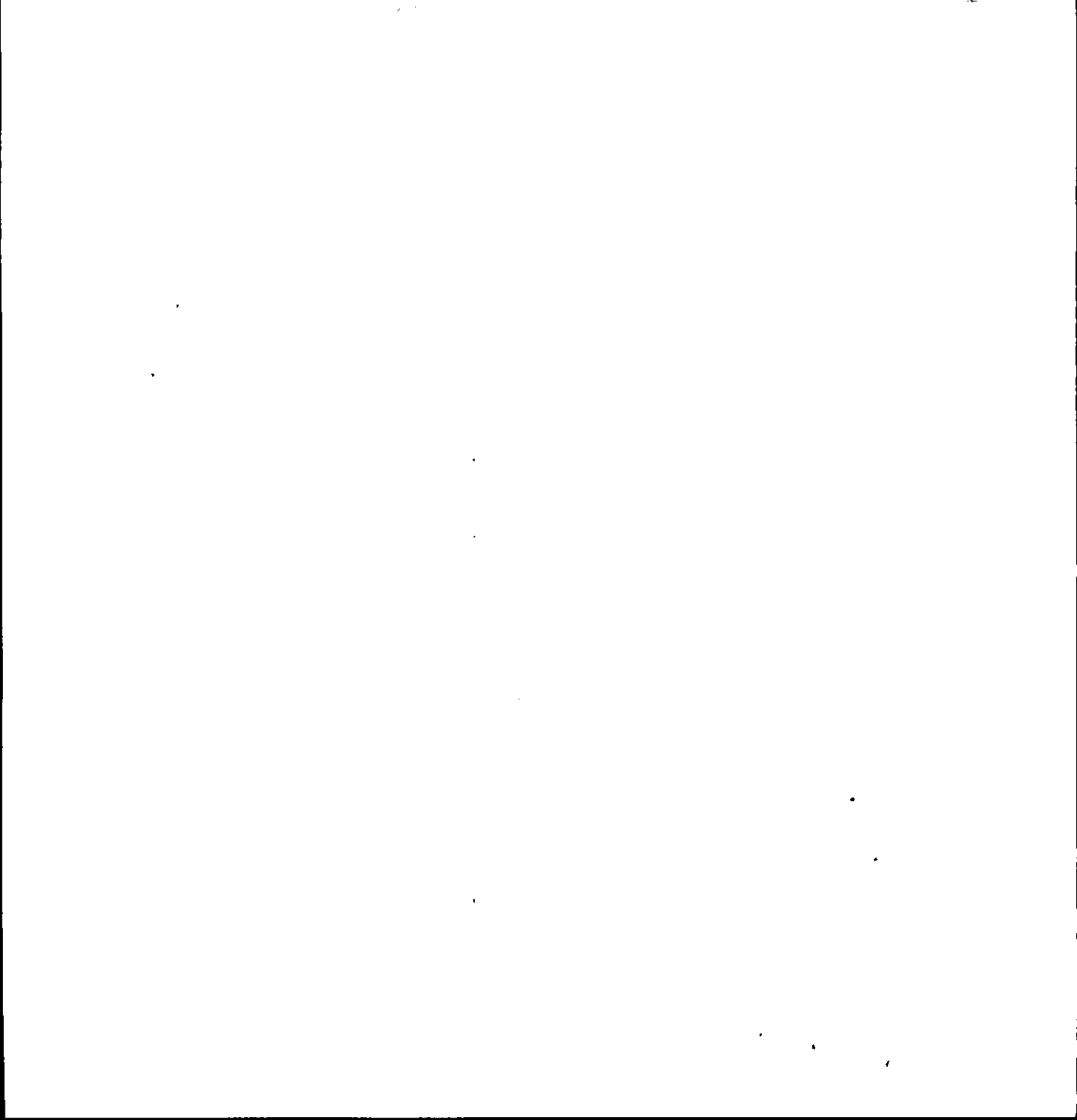
Other contributory causes of importance:
1570

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) J. H. Kunkin, M. D.
(Address) Poplar Bluff Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

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

Registration District No. 89
Primary Registration District No. 5-131

File No. _____
Registered No. 203
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 3 19 31 of Clm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 19 31

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

I last saw him alive on _____, 19 _____. Death is said to have occurred on the day stated above, at _____ m.

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

Date of onset _____

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 _____, 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) _____, M. D.

(Address) _____

S-33737