

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

Do not use this space.

1. PLACE OF DEATH

County Maines
Township Spring Creek
City Maines (No. 1931)

Registration District No. 546
Primary Registration District No. 5738

File No. 38285
Registered No. 13
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)

Johnny Clinton Poor

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20 - 1929</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>1</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ 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. <u>at Home</u>	
	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>Rolla Mo</u>		
FATHER	13. NAME <u>Otto Poor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richy Mo</u>	
MOTHER	15. MAIDEN NAME <u>Grace Skagg</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richy Mo</u>	
17. INFORMANT (ADDRESS) <u>Otto Poor Rolla Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Gee Cem</u> DATE <u>Nov 8 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. G. Kessler Rolla Mo</u>		
20. FILED <u>Nov 7 1931</u> <u>Sam a. Warner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1931

22. I HEREBY CERTIFY That I attended deceased from Nov 6 1931 to Nov 7 1931
I last saw him alive on Nov 6 1931 Death is said to have occurred on the date stated above, at 4A m.
The principal cause of death and related causes of importance were as follows:
Bronchitis pneumoniae Date of onset 2 dx
107A / 07 A

Other contributory causes of importance: none

8. Name of operation _____ Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____
(Signed) S. L. Mitchell M. D.
(Address) Rolla Mo

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 important.

