

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.

JAN 19 1932

Poplar Bluff, Hosp.

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

Do not use this space.

40274-184
File No. 257
Registered No. 357
St. Ward

1. PLACE OF DEATH

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

Registration District No. 89
Primary Registration District No. 3007

2. FULL NAME

Donie Silkwood
(a) Residence, No. near Neelyville 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gus Silkwood</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1883</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>
	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) Butler County, Mo.
(STATE OR COUNTRY)

13. NAME Ross Shamblin

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

15. MAIDEN NAME Emiline Henkel

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

17. INFORMANT Gus Silkwood
(ADDRESS) Star Route, Neelyville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coon Island Cemetery DATE Dec 22 1931

19. UNDERTAKER Alfred W. Greer
(ADDRESS)

20. FILED Dec 21 1931 [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1931, to Dec 21 1931
I last saw her alive on Dec 20 1931. Death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia lobar right. Date of onset Dec 17, 1931
2/0 11/11/31
25A
Other contributory causes of importance:
Fracture comminuted right & left pubic bone
Tuberculosis pulmonary chronic Date of onset unknown

Name of operation Date of
What test confirmed diagnosis? exam (xray) Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-17-1931
Where did injury occur? Butler Co. Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
injury occurred on public highway
Manner of injury Truck turned over in a ditch
Nature of injury Fracture of pelvic bones, exposure.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. (Signed) [Signature] M. D.

(Address) 215 Oak Poplar Bluff Mo.

