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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH

12 County: BUTLER, Registration District No.: 89 File No.: 285

2 Township: Primary Registration District No.: 3007 Registered No.: 15

7 City: POPLAR BLUFF (No. ..., ... St. ... Ward)

2. FULL NAME: HORACE JOSEPH

(a) Residence, No. SPRUCE + "E" St., ... Ward. ...
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: COL

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CLARA JOSEPH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12 Est.

7. AGE: Years: 71 (1861 Est) Months: Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER.

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): CHRISTIAN CTY, KY.

FATHER

13. NAME: HORACE JOSEPH.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known 31

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): MRS CLARA JOSEPH. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL

PLACE: City DATE: 1-23, 1932

19. UNDERTAKER (ADDRESS): Frank Undertaker. Poplar Bluff.

20. FILED: Jan 25, 1932 B J Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1931, to 1-19, 1932

I last saw him alive on 1-19, 1932. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

	Date of onset
Chronic Nephritis	
131	
132B/31	

Other contributory causes of importance:

Uremic Poisoning

8

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.

1

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) L H Clay, M. D.

(Address) Poplar Bluff Mo