

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 21 1932

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

Do not use this space.

3876

1. PLACE OF DEATH  
 12 County Butler Registration District No. 89  
 2 Township Poplar Bluff Primary Registration District No. 3007  
 7 City Poplar Bluff (No. 319 A N. Broadway) St. 2 Ward 2

2. FULL NAME Dewey Totten  
 (a) Residence, No. 319 A N. Broadway 2 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13-32

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

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) Poplar Bluff Mo

13. NAME Dewey Chaney

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

15. MAIDEN NAME Ethel Totten

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

17. INFORMANT Ethel Totten  
 (ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Woodlawn DATE Feb 14 1932

19. UNDERTAKER Beverly Funeral Home  
 (ADDRESS) Poplar Bluff Mo

20. FILED Feb 15 32 W. J. Clay  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/13/32, 19, to 2/14/32, 19.  
 I last saw him alive on 2/13/32, 19. Death is said to have occurred on the date stated above, at 1:30 A. M.  
 The principal cause of death and related causes of importance were as follows:  
159  
Mo. Baby  
Primitive Birth  
 Other contributory causes of importance:  
159 ①

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? N 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) K. W. M. Lewis, M. D.  
 (Address) Poplar Bluff, Mo.

