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.

JUN 21 1932

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

Do not use this space.

15426

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township — Primary Registration District No. 3007 — Registered No. 93

7 City Poplar Bluff (No. , St. Ward)

2. FULL NAME ALLEN BANKS WILBURN

(a) Residence, No. St., Ward. HUNTER, MO
(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: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PHYSICIAN 213
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) MARTINSBURG MO

FATHER

13. NAME NOT KNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER

15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) MRS. FLORA BELLE WILBURN HUNTER MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HUNTER MO DATE 6-1 1932

19. UNDERTAKER (ADDRESS) FRANK UND CO POPLAR BLUFF MO

20. FILED June 1 1932 B J Cling Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1932, to 5-30, 1932
I last saw h.l.m. alive on 5-29, 1932. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	5-26-32
131	
87 A	
69	

Other contributory causes of importance:
arteriosclerosis unknown
nephritis interstitial unknown

Name of operation 132 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? No
If so, specify
(Signed) B J Macauley, M. D.
(Address) 215 Oak Poplar Bluff

MAY 28 1943