

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

Do not use this space.

18814

12

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. 204, South Fourth St. 1 Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 99

2. FULL NAME

(a) Residence, No. 204 29 St., 1 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 10 12

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

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) Tuscaloosa Ala

13. NAME Michel Tellee

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

15. MAIDEN NAME Maria Holly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mrs Robert Clary Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 6/19/32

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

20. FILED June 25, 1932 Clary Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932

22. I HEREBY CERTIFY That I attended deceased from 12-1-31, 1931, to 6-16-32, 1932.

I last saw her... alive on 6-16-32, 1932. Death is said to have occurred on the date stated above, at 9 P.m.

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

Myocarditis 31 11-28-32 Date of onset
131 930
at home

Other contributory causes of importance:
nephritis interstitial chronic unknown
arterio sclerosis unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? exam Was there an autopsy? no

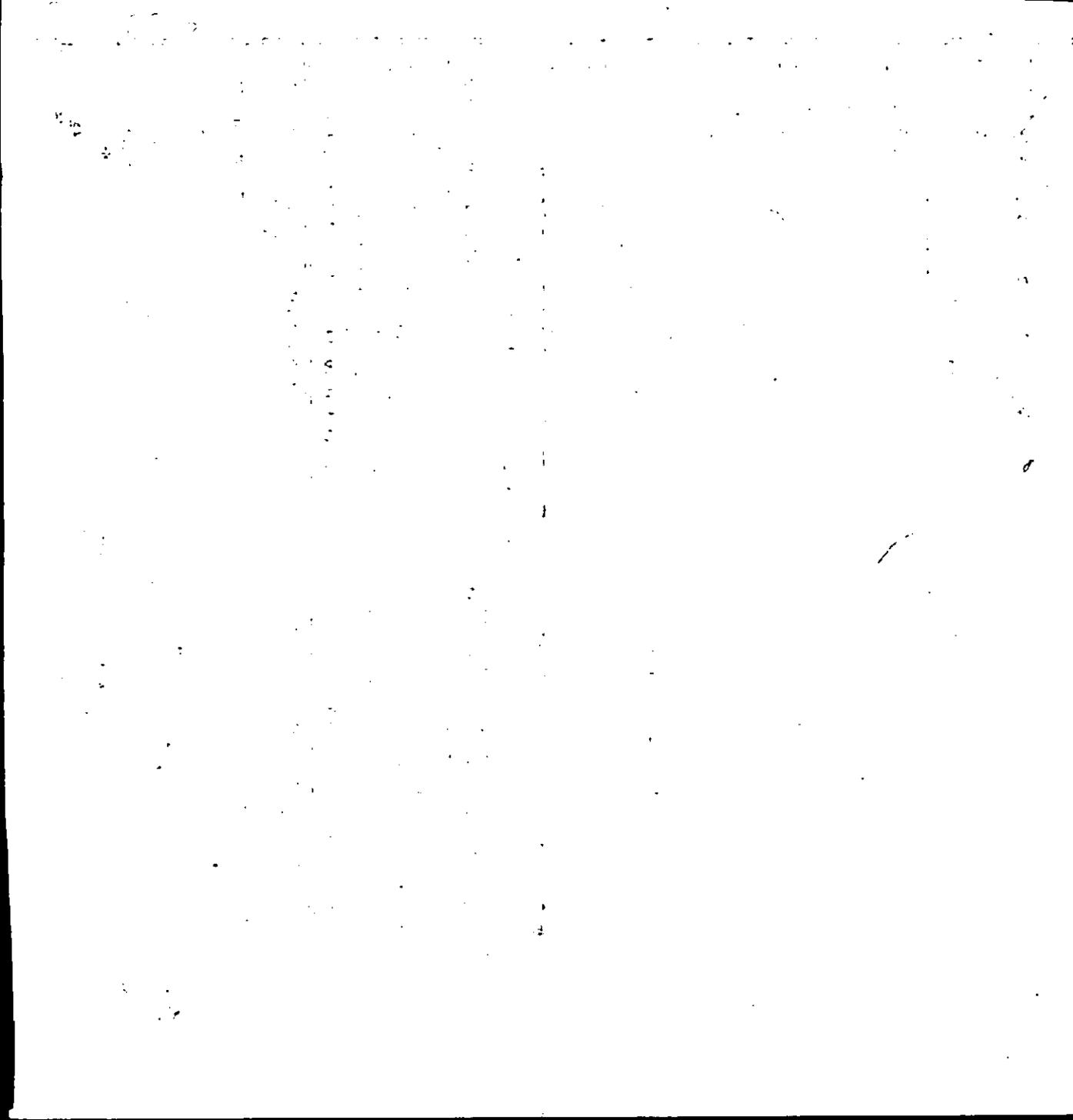
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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

(Signed) B. J. Macaulay, M. D.
(Address) 215 Oak Poplar Bluff Mo



Poplar Bluff, MO.
July, 18, 1832.

State Board of Health.
Jefferson City, MO.

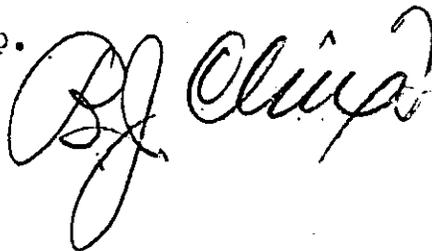
Gentlemen:- Lou Ella Mabry died June 6, 1932. Reg # 99.

The name is misspelled. It should be Luella Mabry instead of
Lou Ella, which was a mistake made by the Physician in filling out
the certificate.

Please change name on your record, and send certified copy.

Stamps inclosed (50¢)

Resp.

A handwritten signature in cursive script, appearing to read "J. C. Clark". The signature is written in dark ink and is positioned to the right of the word "Resp.". There is a vertical line drawn to the right of the signature.

7-19-32

1932
5-18814