

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.

FILED 21 1932

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

Do not use this space.

18831

1. PLACE OF DEATH

12 County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 5131  
City Poplar Bluff (No. ....) St. .... Ward)

2. FULL NAME Melvin Eugene Huson

(a) Residence, No. Kellytown Poplar Bluff Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 7 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) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 7

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

MOTHER / FATHER 13. NAME Olice Huson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairdealing Missouri

15. MAIDEN NAME Julia Kopp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Territory 2

17. INFORMANT Mrs. Maude Hunsaker  
(ADDRESS) R.F.D.#7 Poplar Bluff, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Fairdealing DATE June 17, 1932

19. UNDERTAKER Greer Undertaking Co.  
(ADDRESS) Poplar Bluff Mo.

20. FILED June 18, 1932 B. J. Climp Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 8, 1932 to June 16, 1932  
last saw him alive on June 7, 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

1570  
158  
Congenital Atrophia of Prostate  
1570  
Other contributory causes of importance: Inability to take food or water.

Name of operation ..... Date of .....  
What test confirmed diagnosis? Catheter 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 ..... 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) J. Lee Harwell, M. D.  
(Address) Poplar Bluff Mo

