

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.

SEP 22 1932

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

Do not use this space.

28904

1. PLACE OF DEATH  
35 County Dunklin Registration District No. 284  
Township Freedom Primary Registration District No. 5403  
City Clarkton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arlydian Pope  
(a) Residence, No. \_\_\_\_\_ 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. 10 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1918

|              |          |           |  |
|--------------|----------|-----------|--|
| 7. AGE YEARS | MONTHS   | DAYS      | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>14</u>    | <u>6</u> | <u>25</u> |  |

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) Jeff. County Ark.

FATHER  
13. NAME Clison Pope  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas Co. Ark.

MOTHER  
15. MAIDEN NAME Mary Hoskins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodruff Count Ark.

17. INFORMANT Jerry Pope  
(ADDRESS) Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Standfield Cem DATE 9-2 1932

19. UNDERTAKER James Blackman  
(ADDRESS) Clarkton Mo

20. FILED 9-2 1932 J. B. Stimmey  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1 1932

22. I HEREBY CERTIFY, That I attended deceased from No Medical attendant  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis (General) Date of onset \_\_\_\_\_  
Lungs - Intestinal tract  
Lymphs & bone. 1930

Other contributory causes of importance:  
23 (7)

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. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. B. Stimmey - Registrar M. D.  
(Address) Clarkton Mo.

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