

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

Do not use this space.

38627

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
Township \_\_\_\_\_ Primary Registration District No. 3007  
City Poplar Bluff No. 935 St. Mo. S. H. Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 220  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 14

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 Victor Leale

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

15. MAIDEN NAME Ruby Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

17. INFORMANT Marshall Gray (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Dec 15 1932

19. UNDERTAKER Revelly Funeral Home (ADDRESS) Poplar Bluff

20. FILED Dec 17 1932 B. J. Camp Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec 12, 1932

I last saw her alive on Dec 12, 1932. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Inanition Date of onset \_\_\_\_\_  
159  
158  
157  
156  
Other contributory causes of importance: Premature Birth ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. S. Bairley, M. D.

(Address) Poplar Bluff Mo

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 OCCURRING is very important. JAN 21 1933

