

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

Do not use this space.

4883

1. PLACE OF DEATH

County B.itter
Township
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 41
St. Ward)

2. FULL NAME

(a) Residence, No. 938 Pine St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 4 1/2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46
10. Date deceased last worked at this occupation (month and year) 12-1-1933 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER FATHER 13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT L. S. Snyder (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 2-22-1933

19. UNDERTAKER F. H. ... Co. (ADDRESS) Poplar Bluff

20. FILED 74-23 1933 P. J. Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-17-32, 19... to 2-20, 1933
I last saw h.l.m. alive on 2-20, 1933. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Carcinoma pancreas metastatic in liver unknown
Grueria secondary unknown
Jaundice obstructive Jan. 10. 1933

Other contributory causes of importance: 4 1/2

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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. Macaulay, M. D.
(Address) Poplar Bluff

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.

