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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH
12 County Butler — Registration District No. 89 — File No. 22445
2 Township — Primary Registration District No. 3007 — Registered No. 117
7 City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME G. Rick.

(a) Residence, No. ..... St., ... Ward. Bonita, Tex.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): not known

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1907 Est.

7. AGE — YEARS: 26 — MONTHS: Est — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

31 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

FATHER
13. NAME: not known
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: not known
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): none

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Farm DATE 7-9 1933

19. UNDERTAKER (ADDRESS): Frank Und. Co Poplar Bluff

20. FILED July 12 1933 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while swimming in Black River, Poplar Bluff beach.	
Other contributory causes of importance:	
183 183	177

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? Accident. Date of injury 7-5, 1933
Where did injury occur? Poplar Bluff, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place.
Manner of injury Drowned while swimming
Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. Michael Reynolds Coroner M.D.
(Address) Poplar Bluff Mo.