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

Do not use this space.
25766

1. PLACE OF DEATH
12 County Butler — Registration District No. 89
2 Township ~~[illegible]~~ Poplar Bluff — Primary Registration District No. 3007
City Poplar Bluff (No. ..., ... St. ... Ward)

File No. ...
Registered No. 146

2. FULL NAME Abraham Lincoln Clemons

(a) Residence, No. Harviel, Missouri 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Tennessee Clemons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
M	62	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Hand
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) Few days ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County

FATHER
13. NAME Clemons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Tenn. Clemons, ~~son~~ wife

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bay Springs Cemetery DATE Aug. 24 33

19. UNDERTAKER Greer Undertaking Company
(ADDRESS)

20. FILED Aug 23 1933 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1933, to 8-23, 1933
I last saw him alive on 8-23, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured bones of face & skull & contusion of brain	8-22-33
2056	
1933	
Other contributory causes of importance	

186.10

72

Name of operation None 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? Accident Date of injury 8-22, 1933
Where did injury occur? Lamar Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In stave mill
Manner of injury Stave bolt caught in saw
Nature of injury Fractured face & skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Working at saw in stave mill
(Signed) Thos Kennedy, 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 OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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