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.

NOV 10 1933

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

Do not use this space.

32318

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 3

City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Sim Maben

(a) Residence, No. 515 S. Front St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Edna Maben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

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 Missouri

FATHER

13. NAME Robert Maben

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Sarah -------

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Walter Maben 515 S. Front St. Poplar Bluff

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Duley DATE Oct. 12, 1933

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Oct 12 1933 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1933, to Oct 11, 1933

I last saw ~~h~~ alive on Oct 4, 19..... Death is said to have occurred on the date stated above, at 6:44 A.M.

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

	Date of onset
Cerebral apoplexy	5 yrs
(Gradually worn out)	
Terminal Pneumonia	

Other contributory causes of importance:

Hypertension (?)

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? No

If so, specify .....

(Signed) J. Lee Harwell, M. D.

(Address) Poplar Bluff, Mo.