

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

Do not use this space.

8009

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. _____)

Registration District No. 87
Primary Registration District No. 3007

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lucy Lee Hoops Ward Dorianshan Mo
(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 1893</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>10</u>	DKYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>
	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) Dorianshan Mo

FATHER 13. NAME Alpheus E. Richmond

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batesville Ark

MOTHER 15. MAIDEN NAME Elizabeth Arnold

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob Mo

17. INFORMANT (ADDRESS) John R. Richmond Dorianshan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dorianshan Mo DATE 3-20 1934

19. UNDERTAKER (ADDRESS) Frank Wood Co. Poplar Bluff Mo

20. FILED 3-20-1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1934 to 3-18 1934

I last saw him alive on 3-18 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Lobar pneumonia Date of onset 3-12-34
108
108
Other contributory causes of importance _____

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? _____ 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? _____
If so, specify _____

(Signed) W. S. Bailey M. D.
Poplar Bluff Mo
(Address)

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.

1934

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