

OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 12007
City Poplar Bluff (No. 206 North W. St.)

File No. 32084
Registered No. 193 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 206 N. W. St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>June 12, 1934</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		
<u>Child</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) <u>Poplar Bluff Mo.</u>		
13. NAME <u>Leroy Lidwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tennessee</u>		
15. MAIDEN NAME <u>Clara Jane Floyd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alt date City Miss</u>		
17. INFORMANT (ADDRESS) <u>Leroy Lidwell 206 N. W. St. Poplar Bluff, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem.</u> DATE <u>Sept. 4 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Hadley Poplar Bluff, Mo.</u>		
20. FILED <u>9-24-1934</u> <u>O. S. Bailey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 (week) 1934 to Sept 1 1934
I last saw her alive on Sept 1 1934 Death is said to have occurred on the date stated above, at 7:20 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset Aug 31 1934
108
106

Other contributory causes of importance:

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 _____
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. W. Phelps 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.

2085

2092

