

OCT 1 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Butler  
Township  
City Poplar Bluff (No. Brandon Hospital)

Registration District No. 89  
Primary Registration District No. 3007

File No. 32092  
Registered No. 204 Ward

## 2. FULL NAME

(a) Residence, No. Williamsville St. Williamsville Ward. Williamsville  
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-34

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby  
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) Williamsville Mo.

13. NAME Clarence M. Edgar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

15. MAIDEN NAME Myrtle Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Alton Ill.

17. INFORMANT C. M. Edgar (ADDRESS) Williamsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. Alton, Ill. DATE 9-23 1934

19. UNDERTAKER Frankly Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 9-27-1934 W. S. Bailey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1934, to 9/22 1934

I last saw him alive on 9/22 1934 Death is said

to have occurred on the date stated above, at 5:12 A.M.

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

Date of onset 9-17-34  
Diarrhea  
119 E 11th St  
Other contributory causes of importance  
Name of operation none Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

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 no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) J. H. Muirhead 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.

