

DEC 12 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.)

Registration District No. 89
Primary Registration District No. 3007

38672
File No.
Registered No. 253 Ward)

2. FULL NAME

(a) Residence, No. Transient Bureau Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</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 <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-14-1931</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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>Douglas Mo.</u>		
FATHER	13. NAME <u>John Morton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ruby Jenkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ruby Morton Poplar Bluff</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas Mo.</u> DATE <u>11-29</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Frank's Undert Co Poplar Bluff Mo.</u>		
20. FILED <u>11/29</u> 19 <u>34</u> <u>O.C. Citsinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 1 P.M.

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

Third + fourth degree burns - both hands + feet + part of back.
181 181
Date of onset 11-21-34

Other contributory causes of importance:

Hot water burns.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT. Date of injury 11-21, 1934Where did injury occur? Poplar Bluff, Butler Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place.Manner of injury Boiling water fell from stove.Nature of injury 3rd degree burns24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Richard Reynolds(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.

