

2 1935

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

Do not use this space.

545

1. PLACE OF DEATH

County ClarkRegistration District No. 189Township ClayPrimary Registration District No. 6283

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. J. W. Poy 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martha Baxter Poy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 18497. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 11 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Kentucky13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Ben Schneider, Alexandria, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Bluff Springs Cem. Jan. 4, 193519. UNDERTAKER (ADDRESS) H. H. Kitcher, Wayland, Mo.20. FILED Jan 3 1935 B. J. Robt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 193522. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to Sept 10, 1934I last saw him alive on Sept 16, 1934 Death is saidto have occurred on the date stated above, at 8:45 P.m.

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

Endocarditis Date of onsetI saw him last in Sept and he had been suffering with Endocarditis for some time expecting him to dieOther contributory causes of importance: at any time

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?

If so, specify

(Signed) Thos Rebo, M. D.(Address) Alexandria 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.

RECEIVED

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THE STATE BOARD OF HEALTH
OF MISSOURI