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

Do not use this space.

FEB 25 1935

989

1. PLACE OF DEATH
County Greene
Township S Jackson
City Strafford (No. R F D 3 St. Ward)
Registration District No. 944
Primary Registration District No. 5447 B
File No.
Registered No. 2

2. FULL NAME Wm Jesse Poynor
(a) Residence, No. Strafford #3 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1934

7. AGE YEARS 0 MONTHS 1 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Herald J Poynor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ethel M Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wm Campbell Strafford #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pisgah DATE ~~Dec~~ Jan 6 1935

19. UNDERTAKER (ADDRESS) J W Klingner & Co Springfield Mo.

20. FILED Jan 12 1935 Clyde R. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1935, to Jan 5, 1935
I last saw him alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Primary Bronchial Pneumonia — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis physical Was there an autopsy? no

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) John William Jr, M. D.
(Address) Springfield

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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