

JUN 1 8 1935

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

Do not use this space.

15726

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff, Mo. (No. Brandon Hospital St. _____ Ward)

2. FULL NAME Edward B. Franklin Uhl
 (a) Residence, No. 4 1/2 Miles S. of Poplar Bluff 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) Feb. 16, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
13 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

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) Butler Co. (STATE OR COUNTRY) Missouri

13. NAME Francis Lytonia Uhl

14. BIRTHPLACE (CITY OR TOWN) Jasper Co. (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Pearlie Miller

16. BIRTHPLACE (CITY OR TOWN) Farmington (STATE OR COUNTRY) Missouri

17. INFORMANT Francis L. Uhl (ADDRESS) R.F.D. 7 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cem PLACE Poplar Bluff, Mo. DATE 5-27-35

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

20. FILED 5-28-35 1935 O. C. C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1935

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:45 P.m.
 The principal cause of death and related causes of importance were as follows:
Tetanus
Cut on left foot from axe
 Date of onset 5/2/35

Other contributory causes of importance:
Cut on left foot from axe

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 5-4, 1935
 Where did injury occur? Near Poplar Bluff Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury the slipped cut foot
 Nature of injury cut in foot

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Richard Reynolds coroner
 (Address) Poplar Bluff Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if very important.

