

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

Do not use this space.

OCT 17 1935

28842

**1. PLACE OF DEATH**County ButlerRegistration District No. 89Township Poplar BluffPrimary Registration District No. 5131City Poplar-Bluff(No. 3 miles W. on Hi-way 60)

File No. ....

Registered No. 180

St. .... Ward)

**2. FULL NAME** Elizabeth Samuel(a) Residence, No. West hi-way 60 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**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF  
(OR) WIFE OFJ.W. Samuel**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 12, 1846**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.89227

OCCUPATION

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**House-wife**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)**Benton  
Illinois**13. NAME**Franklin Clerk**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**New York**15. MAIDEN NAME**Louiza Primm**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Unknown**17. INFORMANT**J.W. Samuel

(ADDRESS)

Poplar Bluff, Mo.**18. BURIAL, CREMATION, OR REMOVAL** Green Forest CemPLACE Poplar Bluff, Mo. DATE 9/10 '35**19. UNDERTAKER**Frank Und. Co.

(ADDRESS)

Poplar Bluff, Mo.**20. FILED**9-10 1935Chaltinger

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 9, 1935**22. I HEREBY CERTIFY, That I attended deceased from**Aug 27, 1935, to Sept 9, 1935I last saw h. alive on Sept 8, 1935. Death is saidto have occurred on the date stated above, at 12:50 P

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

Date of onset

Branch pneumonia 4 days

Other contributory causes of importance:

Infirmities of age

Name of operation

Date of

What test confirmed diagnosis? Plumeral Was there an autopsy? Yes**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?** No

If so, specify

(Signed)

J. Lee Harwell 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.

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