

MAY 18 1936

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

Do not use this space.

14277

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City..... (No..... Ward)

Registration District No. 89
Primary Registration District No. 5131

File No.....
Registered No. 116
St..... Ward)

2. FULL NAME

(a) Residence, No. Ethel May Parker
(Usual place of abode) Ami. Sq. P. Bluff St..... Ward.....

(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 F. 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 OF Frank Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1896

7. AGE YEARS 39 MONTHS 11 DAYS 21 If LESS than 1 day,hrs. ormin.

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) St. Louis

13. NAME Richard Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Frank Parker (ADDRESS) Poplar Bluff, Mo. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Cem. DATE May 1 1936

19. UNDERTAKER (ADDRESS) Walter Underwriting St. Louis, Mo.

20. FILED 4/30 1936 Olchutinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22 1936, to April 30 1936

I last saw h. or alive on April 28 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Pneumonia, LobarDate of onset 4-21-36

Other contributory causes of importance:

Bronchial Catarrh

?

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

What test confirmed diagnosis? Chemical 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? No.

If so, specify.....

(Signed) J. Foster Harrison 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.

