

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.

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Mo.

Registration District No. 89
Primary Registration District No. 5131
8 mi S.E. of Poplar Bluff

File No. 30068
Registered No. 191
St. _____ Ward _____

2. FULL NAME Herbert D. Gold

(a) Residence, No. Morocco, _____ 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Poplar Bluff, (STATE OR COUNTRY) Missouri.

13. NAME Herbert D Gold

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Mary S. Jordon

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Arkansas

17. INFORMANT Herbert D. Gold (ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Co., Mo. DATE 8/13, 1936
Morocco Cem.

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

20. FILED 8/13 1936 Obitinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1936, to Aug 12, 1936
I last saw him alive on Aug 8, 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:

Gastro-enteritis with dysentery Date of onset 6 weeks
1936

Other contributory causes of importance: Malnutrition from irregular feeding ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. Chester Lawrence, M. D.
(Address) Poplar Bluff, Mo.

