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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 19586
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 136
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Earmon Daniels
(a) Residence, No. 4 miles West of Poplar Bluff, Mo. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Evelyn Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1912

7. AGE: YEARS 25 — MONTHS 4 — 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. Farmer
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) Stoddard County Missouri

FATHER
13. NAME Ike Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Kester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County Missouri

17. INFORMANT (ADDRESS) Evelyn Daniels Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Creek DATE May 24, 1937

19. UNDERTAKER (ADDRESS) Greer Funeral Serv Poplar Bluff Mo

20. FILED 5/23 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental Traumatism by turning over of Fordson tractor	

Other contributory causes of importance:

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 May 21, 1937
Where did injury occur? Butler Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Turned over Fordson Tractor
Nature of injury Crushed chest + left side face

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) Grover W Greer Coroner
(Address) Poplar Bluff Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.