

JUL 27 1937

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

Do not use this space.

23287

1. PLACE OF DEATH

County Sullivan Registration District No. 89
Township Pogles Bluff Primary Registration District No. 3007
City Pogles Bluff (No. 2) St. Missouri Ward 160

File No. 23287
Registered No. 160

2. FULL NAME

(a) Residence, No. Pogles Bluff, Mo. R. 1116 St. Missouri Ward 160
(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 m 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 Eva Ann Wehl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 - 22

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) June 17, 1937 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pogles Bluff, Butler Co. Missouri

13. NAME Wiley Wehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John Wiley Wehl, mo Pogles Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Cochran graveyard DATE 6/24/37

19. UNDERTAKER (ADDRESS) Black White Undertaking Co. Corning, Ark

20. FILED 6/24/37 A. C. Lutzinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

22. I HEREBY CERTIFY That I attended deceased from June 21, 1937, to June 23, 1937

I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 2:35 A. M.

The principal cause of death and related causes of importance were as follows:
Post operative shock Date of onset

Other contributory causes of importance: 51

3/ malignancy of prostate

Name of operation Prostatectomy Date of June 22, 1937

What test confirmed diagnosis? 3/ Was there an autopsy? 750

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. W. McPherson, M. D.
(Address) Pogles Bluff, Missouri

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

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. 23289
 Township Poplar Bluff Primary Registration District No. 3.0.0? Registered No. _____
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

Wells Jacob Hess
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 — 22

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

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 _____

Best operative shock
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

13. NAME _____

Malignancy of prostate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation prostatectomy Date of _____

15. MAIDEN NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place. _____

PLACE _____ DATE _____, 19____

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 6/24, 1937 O. C. Cutsinger Registrar.

(Signed) J. N. McPheters, M. D.

(Address) Poplar Bluff, Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if any.

156285