SEP 15 1937

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

Do not use this space.

30237

1. PLACE OF DEATH
County: Butler
Township:
City: Poplar Bluff (No. , St. Ward)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 192

2. FULL NAME Virginia Kelton

(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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1936

7. AGE: Years 0 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
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) Marion Ill.

FATHER
13. NAME Fred Kelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ill.

MOTHER
15. MAIDEN NAME Mildred Giltner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookport Ill

17. INFORMANT (ADDRESS) Fred Kelton Poplar Bluff Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Marion Ill DATE 8/4 1937

19. UNDERTAKER Free Service
(ADDRESS) Poplar Bluff Mo

20. FILED 8/2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29 1937, to Aug 2 1937
Last saw her alive on Aug 28 1937. Death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enterocolitis	7/15/37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) [illegible], 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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD