

SEP 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth
 Township Greene
 City Worth

Registration District No. 9 & 3Primary Registration District No. 10File No. 32138Registered No. 32138

2. FULL NAME

(a) Residence, No. 2
 (Usual place of abode)

St. NewtonWard. Kan.

Length of residence in city or town where death occurred

yrs. 1mos. 4ds. 4

How long in U. S., if of foreign birth?

yrs. 1mos. 4ds. 4

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

Wife of Bela Poplew

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

Dec 28 1906

7. AGE

YEARS

30

MONTHS

7

DAYS

19

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Construction

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

14 yrs

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

Newton Kansas

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Willa Poplew, Worth

18. BURIAL, CREMATION, OR REMOVAL

Buried City MoDATE 8, 1937

19. UNDERTAKER (ADDRESS)

Andrews

20. FILED

8/19 1937 Fred M. M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

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

8/1737

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at 11 A m.

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

Date of onset

Acute heart attack

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?

If so, specify

(Signed)

(Address)

Edw. G. Gilling, Coroner

M. D.

95B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32138

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 1057
(b) Township Greene Primary Registration District No. 6214
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harry Allen Piplow
(a) Residence, No. St. ☐
(Usual place of abode, no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 1 19 7 Thos O. Boone
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17 19 37

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

acute heart attack Date of onset

No further information
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
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) E. W. Birling
(Address) Grand City, Mo.

S-32138