

OCT 18 1937

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 (No. 3001)

Registration District No. 89
Primary Registration District No. 51st
3001

File No. 33793
Registered No. 226
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode)

Ward. _____

Henriett mo
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
13 9 24

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

School

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) Poplar Bluff
Butler, mo

13. NAME Albert Crunk

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

15. MAIDEN NAME Belle Coleman

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

17. INFORMANT Albert Crunk
(ADDRESS) Poplar Bluff, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE Sept 17, 1937

19. UNDERTAKER (ADDRESS) Lee Funeral Service
Poplar Bluff, mo

20. FILED 9/15 1937 Chidinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1937, to Sept. 16, 1937

I last saw him alive on Sept. 16, 1937. Death is said to have occurred on the date stated above, at 9:20 am.

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

Date of onset

Septicemia with streptococcus infection of jaw 9/10/37

Other contributory causes of importance:

Abcessed tooth 9/8/37

Name of operation None 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? No 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) H. L. Brandon, 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.

