

DEC 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Bueller
 Township
 City Poplar Bluff (No. 3007)

Registration District No. 89Primary Registration District No. 3007File No. 40781Registered No. 269

St. _____ Ward _____

2. FULL NAME

Unnamed Infant

(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

male

4. COLOR OR RACE

white

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)

November 10, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 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)

Poplar Bluff Missouri

MOTHER FATHER

13. NAME Lowell Norton Snider14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden - Missouri15. MAIDEN NAME Alice Cornelia Garnes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT Lowell Norton Snider (ADDRESS) Malden - Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden, Missouri DATE 11/11/37 19. _____19. UNDERTAKER Craig (ADDRESS) Malden - Mo20. FILED 11/11 1937 Obitinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 193722. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to November 10, 1937I last saw him alive on November 10, 1937. Death is saidto have occurred on the date stated above, at 8:55 p.m.

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

Cerebral Hemorrhage 11/10/37

Other contributory causes of importance:

Birth Injury. 11/10/37

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) L. H. Weichert, M. D.(Address) Poplar Bluff, Missouri

