

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

Do not use this space.

1. PLACE OF DEATH  
 County Butler Registration District No. 89  
 Township Poplar Bluff Primary Registration District No. 3007  
 City Poplar Bluff (No. 442 North Main Street File No. 2171  
 Registered No. 8 St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Mollie E. Love 100  
 (a) Residence, No. 442 North Main St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 80

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

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) Cairo  
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME H.W. Webb

14. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Jane Hacker

16. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Kate Pares  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery  
 PLACE Poplar Bluff, Mo. DATE Jan. 9 1938

19. UNDERTAKER Frank Und. Co.  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 1/9 19 38 Blutsinger Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 7, 1938  
 I last saw her alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 1:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Hepatic cirrhosis  
 Date of onset Jan 6 38

Other contributory causes of importance:  
Hepatic cirrhosis

12421

RECEIVED  
 FEB 21 1938

Name of operating physician \_\_\_\_\_ 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) Alfred P. Rowe 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.

