

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

2181
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007 Registered No. 19
 (c) City Poplar Bluff (d) Street No. Davis & Garfield 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 Baby Harwell 640
 (a) Residence, No. Davis & Garfield, Poplar Bluff (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) January 19, 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Poplar Bluff
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lee Harwell

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

MOTHER 15. MAIDEN NAME Ada Sheehy

16. BIRTHPLACE (CITY OR TOWN) Butler County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Lee Harwell
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Three Springs DATE Jan. 20, 1938

19. FUNERAL DIRECTOR Greer Funeral Service
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 1/20/38 Obitinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1938, to 1-19, 1938
 I last saw him alive on 1-19, 1938 Death is said to have occurred on the date stated above, at 9:45 A. M.

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

Atelectasia
16/2
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ there an autopsy? no

23. If death was due to external causes (violence, fall, etc.) in also the following: Accident, suicide, or homicide? FEB 21 1938 Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place. BUREAU OF HEALTH
MO. STATE BOARD OF HEALTH
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. H. Kelley, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E. Not embalmed.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)