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

Do not use this space.

2
1

1. PLACE OF DEATH
72 County New Madrid — Registration District No. 1133 — File No. 3553
1 Township — Primary Registration District No. 4587 — Registered No. 2
0 City Canalou Mo (No. ..... St. ..... Ward)

2. FULL NAME Un-Named Poe 000

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15-1938

7. AGE YEARS MONTHS DAYS Stillborn — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Canalou Mo 0

FATHER
13. NAME Frank Poe 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo 0

MOTHER
15. MAIDEN NAME Dollie Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randles Mo

17. INFORMANT (ADDRESS) Frank Poe Canalou Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Ridge DATE Jan 15 1938

19. UNDERTAKER (ADDRESS) Cecil Sneed Canalou Mo

20. FILED Jan 15 1938 Jas D Rochel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 16 - 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 15 1938, to Jan. 16 1938
I last saw her alive on Jan 16 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Miscarriage — Date of onset 1-16-38
6 Months

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) J. A. Best, M. D.
546 (Address) Canalou - 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.

RECEIVED
FEB 28 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH