

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Township

City Poplar Bluff (No. _____)Registration District No. 89Primary Registration District No. 3007

14149

File No. _____

Registered No. 88

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 406 Valley St Poplar Bluff, Mo. Ward. 525

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-18647. AGE YEARS 73 MONTHS 11 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Union City, Tenn13. NAME John Mitchell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lucy Thorton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiptonville, Tenn17. INFORMANT (ADDRESS) Howard Clemens
Bessie Poplar Bluff, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE city cem DATE Apr 27 193819. UNDERTAKER (ADDRESS) N.D. Phelps
Poplar Bluff, Mo20. FILED 4-129-1938 Registrar. 8921. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 193822. I HEREBY CERTIFY, That I attended deceased from Apr 4th 1938 to Apr 4th 1938I last saw him alive on Apr 4th 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Lobar Pneumonia Date of onset 4/2/38Other contributory causes of importance: Influenza Emaciation 11A 3/29/38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) W. L. Gralls, M. D.(Address) Poplar Bluff, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

