

REC'D JUN 15 1938

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

17835

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. 97
(c) City Poplar Bluff (d) Street No. _____ St. _____
(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 Levi Thomas Thrower 660

(a) Residence, No. _____ St. (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 Male 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 Mary Howell Thrower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
69 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Stoddard County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm Wesley Thrower 0

14. BIRTHPLACE (CITY OR TOWN) Missouri 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Howell

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

17. INFORMANT A. L. Thrower
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem. DATE 5-14-38 19

19. FUNERAL DIRECTOR Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 5/12 19 38 Obit
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1938, to 5-13, 1938

I last saw him alive on 5-13, 1938. Death is said

to have occurred on the date stated above, at 11 a m.

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

Cerebral Hemorrhage Date of onset 5-10-38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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? _____

If so, specify _____

(Signed) Wm Blankenship-Strickland, M. D.

89 (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.

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.)