

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

REC'D JUN 15 1938

17838  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 5131  
 (c) City Poplar Bluff (d) Street No. 3217 Registered No. 100  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

**2. PRINT FULL NAME**

(a) Residence, No. Ruth Minniear St.  (If nonresident, give city or town and State)  
Oulin, Mo. R. 7. 2. (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1 - 1927</u>		
7. AGE	YEARS	MONTHS
	<u>11</u>	<u>3</u>
		24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>School girl</u>		
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) <u>Mo.</u>		
13. NAME <u>Tom Minniear</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
15. MAIDEN NAME <u>Lottie McNece</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Lottie Minniear (Mother)</u>		
(ADDRESS) <u>Oulin, Mo. R. 7. 2.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	1938
<u>Bethany</u>	<u>5-25</u>	
19. FUNERAL DIRECTOR <u>Landess General Home</u>		
(ADDRESS) <u>Campbell, Mo.</u>		
20. FILED <u>5/25</u> 19 <u>38</u> <u>Clutinger</u>		
Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14 1938 to May 24 1938.  
 I last saw her alive on May 22 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Small obstruction  
peritonitis, abdominal  
generalized  
 Date of onset 5/22/38  
5/14/38

Other contributory causes of importance:  
Haugrenius appendicitis  
E. perforation  
Appendectomy 5-14-38  
 Name of operation Release of obstruction Date of op. 5-23-38  
 What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

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) Hester Garwell, 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. ....

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.)**