

REC'D JUL 17 1938

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

Do not use this space.

22646

1. PLACE OF DEATH

County PettisRegistration District No. 665

Township

Primary Registration District No. 3037City Sedalia(No. Boothwell)File No. 195-197Registered No. 648

St.

Ward)

2. FULL NAME Charles Thomas Poynter(a) Residence, No. 922 E 3

St.

Ward.

(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

3. SEX

male

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)

May 11, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1111

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Sedalia, Mo.

MOTHER FATHER

13. NAME

Clay V. Poynter

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

Pettis County Missouri

15. MAIDEN NAME

Juddie Conner

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

Versailles Missouri

17. INFORMANT (ADDRESS)

Clay V. Poynter Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

6-24

1938

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros Sedalia

20. FILED

6-24-1938Flau Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

JUNE 22, 193822. I HEREBY CERTIFY, That I attended deceased from JUNE 20, 1938, to JUNE 22, 1938I last saw him alive on JUNE 22, 1938. Death is saidto have occurred on the date stated above, at 5:45 P. m.

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

Encephalitis

Date of onset

Other contributory causes of importance:

Acute leukemia
acidosis

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

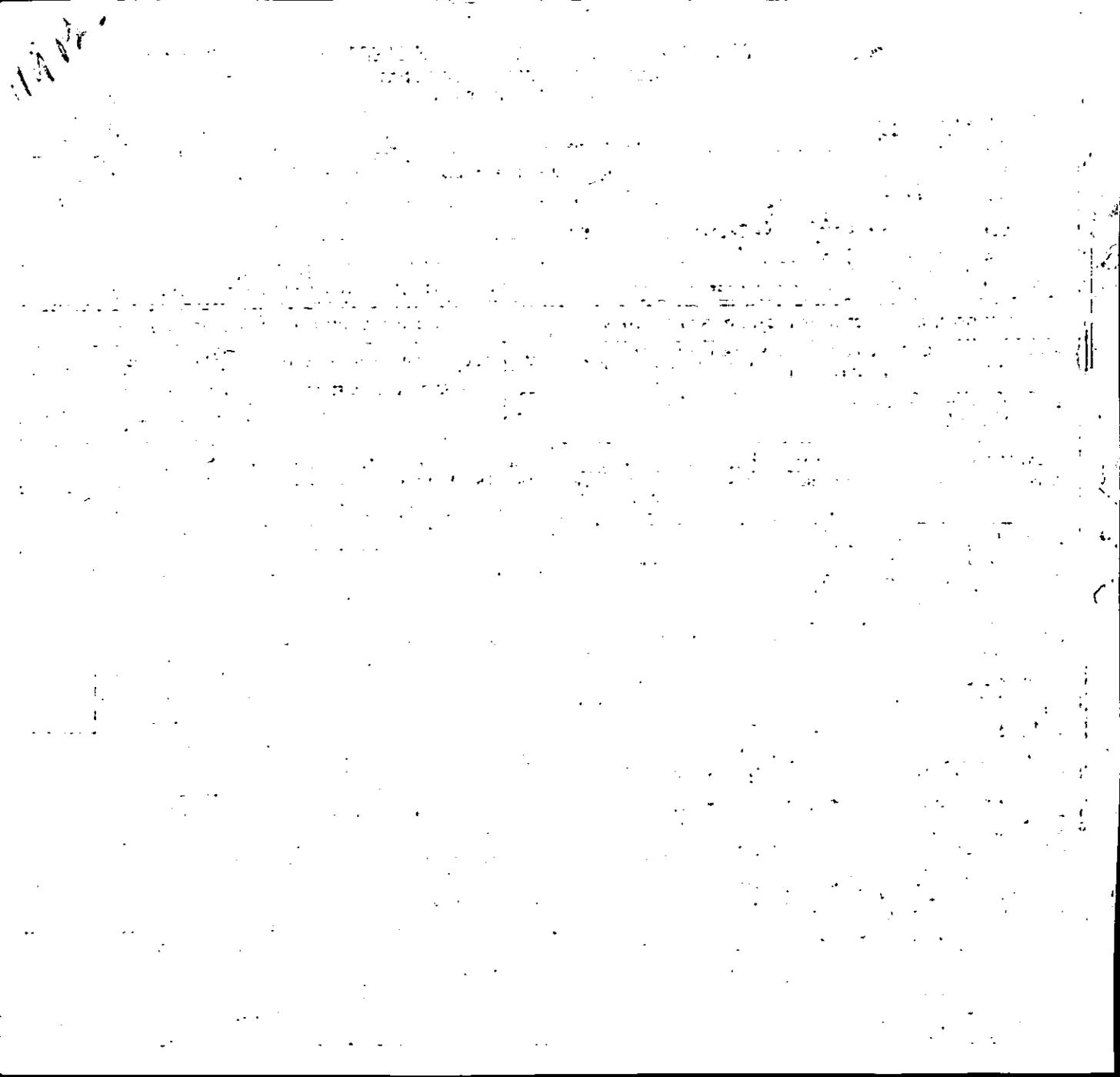
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Chardon Bauffeher, M. D.
Sedalia Mo

(Address)



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22646
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township _____ Primary Registration District No. 3032 Registered No. 195-
(c) City Sedalia (d) Street No. _____ 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

Chas Thomas Poynter
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 11

OCCUPATION 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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at m.

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

Encephalitis
(from epidemic)
acute enteritis
Date of onset 11/12

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) A. Gordon Stauffer
(Address) Sedalia, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

