

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.

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

24853  
Do not use this space.

REC'D AUG 11 1938

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 129  
 (c) City Poplar Bluff (d) Street No. Poplar Bluff Hospital 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

Eva Mae Boxx  
 (a) Residence, No. Poplar Bluff, Missouri 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 Female 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) Dec. 1, 1925  
 7. AGE YEARS 12 MONTHS 7 DAYS 4 If LESS than 1 day, .....hrs. or .....min.  
 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) Butler Co., Mo.

FATHER 13. NAME Carlos Boxx

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

MOTHER 15. MAIDEN NAME Minnie King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

17. INFORMANT (ADDRESS) Carlos Boxx  
Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh, Cemetery DATE July 6, 1938

19. FUNERAL DIRECTOR Greer-Croy Service  
(ADDRESS) Poplar Bluff, Mo.

20. FILED 7/6 38 Chuttsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 5, 1938  
 I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 2: P. m.  
 The principal cause of death and related causes of importance were as follows:

Thrombocytopenic Purpura with Multiple Hemorrhages  
Cerebral Hemorrhage  
 Date of onset July 3

Other contributory causes of importance: 8201

Name of operation Lehrer Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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. B. Brookhouse, M.D. M. D.  
89 (Address) Poplar Bluff, Mo.

STATEMENT BY LICENSED EMBALMER

I, Grever W. Greer..... Licensed Embalmer No. ~~2946~~ 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Grever W. Greer.....

Licensed Embalmer No. 2964.....

**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.)**