

REC'D AUG 11 1938

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

24859

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 136
(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

Edna Huddleston
(a) Residence, No. 525 Park, Poplar Bluff, Mo. 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 (Use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Hamilton-Brown Co.
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., MissouriFATHER 13. NAME W.A. Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Paralee Helms16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Missouri17. INFORMANT Gilliam Huddleston
(ADDRESS) 525 Park, Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Kerns Chapel DATE July 24, 193819. FUNERAL DIRECTOR Greer-Croy Service
(ADDRESS) Poplar Bluff, Missouri20. FILED 7/24/38 Obstetrical
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 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 7:05 P.M.

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

Peritonitis1450

Other contributory causes of importance:

pneumoperitoneumDate of onset
about
July 17-
18about
July 8-18

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? Poplar Bluff, Mo.

(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) Greer W. Greer M.D.(Address) Poplar Bluff, Mo.

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

Grover Green

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.)