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.

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FILED OCT 18 1938

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

31795
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. 166

(c) City Poplar Bluff — (d) Street No. Brandon 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 Bert Wilcox, Jr. 40

(a) Residence, No. Near Patterson, Mo. St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Aug 20, 1938

7. AGE — YEARS: — MONTHS: — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) West Eminence Missouri

FATHER
13. NAME Bert Wilcox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson Missouri

MOTHER
15. MAIDEN NAME Sarah Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Bert Wilcox Patterson, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Patterson DATE Sept. 2 1938

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

20. FILED 9/2 1938 O. Clutsinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1938, to Sept 2nd, 1938
I last saw him alive on Sept 1st, 1938. Death is said to have occurred on the date stated above, at 1:40 A.m.
The principal cause of death and related causes of importance were as follows:

Morphinism — Date of onset 9/1/38

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Other contributory causes of importance:

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? Accident Date of injury Sept 1st 1938
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury morphine sulphate administered
Nature of injury by mistake

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. L. Qualls, M. D.
(Address) Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Grover W. Grier, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.