Dr. Lester Harwell

REC'D DEC 15 1938

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

Do not use this space.

File No. 38740

Registered No. 220

1. PLACE OF DEATH

County: Butler

Township: [illegible]

City: Poplar Bluff (No. Butler County Farm Home St. Ward)

Registration District No. 89

Primary Registration District No. 5131

2. FULL NAME George H. Hepler

(a) Residence, No. County Farm. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 75			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Co., Farm.

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) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT County Farm Records
(ADDRESS) Butler County Missouri

18. BURIAL, CREMATION, OR REMOVAL County Cemetery.
PLACE Butler County DATE 11/12 19 38

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 11/12 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1938, to Nov. 11, 1938

I last saw him alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 11:11 P.M.

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

	Date of onset
Diabetes mellitus	?

Other contributory causes of importance:

Nephritis, chron.	?
Gangrene	?

Name of operation Date of

What test confirmed diagnosis? Urinalysis 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) Lester Harwell, M. D.

(Address) Poplar Bluff, Mo.

89

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD