

JAN 14 1938

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

42487
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 2007
(c) City Poplar Bluff, Mo. (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 Roger Twidwell

(a) Residence, No. Silva, 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 M 4. COLOR OR RACE W 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) February 23, 1932
7. AGE YEARS 6 MONTHS 9 DAYS 22 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. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bounds (STATE OR COUNTRY) Missouri

FATHER 13. NAME Glen Twidwell

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

MOTHER 15. MAIDEN NAME Della Bridges

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

17. INFORMANT Glen Twidwell (ADDRESS) Silva, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Twidwell DATE Dec. 17, 1938

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

20. FILED 12/17 1938 Obitinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 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 9:30 Pm.
The principal cause of death and related causes of importance were as follows:

Date of onset
Internal hemorrhage
Internal injuries and shock hit by automobile on public highway
Other contributory causes of importance:
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? Accident Date of injury Dec 15, 1938
Where did injury occur? Waynes Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public highway
Manner of injury hit by automobile
Nature of injury lacerations & crushed internally

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: no
(Signed) Greer W. Greer
(Address) Poplar Bluff, Mo.

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

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.

308-2-11-38 I X18605

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

Not embalmed
Signed.....
..... Licensed Embalmer No.....
..... P. O. Address.....

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.)

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