

REC'D APR 11 1939

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

11660

Do not use this space.

1. PLACE OF DEATH

- (a) County Miss. Madrid Registration District No. 1133
(b) Township West Primary Registration District No. 4587 Registered No. 8
(c) City Canalou - 7/10 (d) Street No. _____ 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 Ann. Married Poe

- (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1939</u>		
7. AGE	YEARS	MONTHS
—	—	—
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>0</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canalou - Mo.</u>		
13. NAME <u>Tirashk Poe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louisfield Mo.</u>		
15. MAIDEN NAME <u>Dolly Howard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape County Mo.</u>		
17. INFORMANT (ADDRESS) <u>Tirashk Poe Canalou - Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Phoenix Valley</u> DATE <u>3-13-1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Alby McCullom Canalou Mo.</u>		
20. FILED <u>Mar 13, 1939</u> <u>Jas. D. Hoebel</u> Local Registrar. <u>540</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 13 - 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 13, 1939
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:10 a. m.
The principal cause of death and related causes of importance were as follows:
Still born

Date of onset 3/13/39

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? _____ 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?
If so, specify _____
(Signed) J. A. Best M. D.
(Address) Canalou - Mo.

(Licensed Embalmers' Statement on Reverse Side)

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.

I X12004

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.....

Licensed Embalmer No.....

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.)