

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.

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

14394
Do not use this space.

REC'D MAY 12 1939

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 5131
 (c) City Poplar Bluff, Mo. (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 Noby Lynn
 (a) Residence, No. 570 Poplar Bluff, Mo. Rt 5 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 M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>61</u>	<u>1</u>	<u>21</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT John Akers
 (ADDRESS) Poplar Bluff, Mo. Rt. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE April 16, 1939

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

20. FILED 4/16 1939 Obeltinger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1939, to 4-15 1939
 I last saw him alive on 4-13- 1939 Death is said to have occurred on the date stated above, at 4:45a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Chronic Myocarditis
 Date of onset

Other contributory causes of importance: Serology 121

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? _____ (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) W. H. Kelley M. D.
Poplar Bluff Mo. (Address)

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.

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address P. B. Mo.

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.