

REC'D JUN 8 1939

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

17899

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 15
 (b) Township Platte Primary Registration District No. 5019 Registered No. 8
 (c) City Whitesville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Mary Jane Popplewell

(a) Residence, No. Whitesville 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wesley Poplewell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 22 1850</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>II</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>		If LESS than 1 day, hrs. or min.
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) <u>Somerset</u> (STATE OR COUNTRY) <u>Kentucky</u>		
13. NAME <u>Richard H. Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Patsy J. Wood</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Josephine Clark</u> (ADDRESS) <u>Rea Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Whitesville</u> DATE <u>April 5 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>E. C. Breit</u> (ADDRESS) <u>Savannah Mo.</u>		
20. FILED <u>April 5, 1939 Mrs E C Jefferies</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 193922. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to April 3, 1939I last saw her alive on April 3, 1939. Death is said to have occurred on the date stated above, at 3:30 pm.

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

Bronchial pneumonia
107 W

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) V. B. Wilson, M. D.
13 (Address) Whitesville Mo

RECEIVED

District Health Officer No. 113
District File Number 29-550
MAY 29 1955
to Filed

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,

E. C. Breit

or by

Registered Apprentice No., working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.