

REC'D JUN 19 1939

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

18153
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township..... Primary Registration District No. 3007
(c) City Poplar Bluff (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

(a) Residence, No. 500 Charlie Hume 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 13

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Thos. Hume

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME Hattie Arnold

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

17. INFORMANT (ADDRESS) Mrs. Nancy Jane Hume
Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethel DATE 5/23/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland
Dexter, Mo.

20. FILED 5/23 1939 Obertinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/39 19

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 21, 1939
I last saw him alive on 5-21-39 1939 Death is said to have occurred on the date stated above, at 12:35 pm

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

Pt. Temporal Rube Abscess. 846

Other contributory causes of importance:

Chronic Pericarditis
Myocardial Infarct.

Name of operation Myocardial infarct Date of May 9

What test confirmed diagnosis? Electrocardiogram 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) D. O. Obertinger M. D.

(Address) Poplar Bluff Mo.

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.

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

Licensed Embalmer No. *3479*

P. O. Address *Depto, 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.