

50 AUG 10 1939

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

25188
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Paplar Bluff Primary Registration District No. 5131
(c) City P. (d) Street No. _____ Registered No. 174
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Herbert Lee Uhl
(a) Residence, No. 4 1/2 mi. S.W. Paplar Bluff, Mo. 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 Male 4. COLOR OR RACE White 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) Jan 29 1939
7. AGE YEARS 0 MONTHS 5 DAYS 15 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

FATHER 13. NAME Leo Uhl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co Ill

MOTHER 15. MAIDEN NAME Paula Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo

17. INFORMANT (ADDRESS) Leo Uhl
R 5 Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE July 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. J. Phelps
Paplar Bluff Mo

20. FILED 7/11/39 Ch. Stanger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939
22. I HEREBY CERTIFY That I attended deceased from July 11 1939 to July 11 1939
I last saw him alive on July 5 1939. Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:

Musca Calotis 10 days
157
Other contributory causes of importance:
congenital heart
(Blue baby)

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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. no
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Lee Harwell M. D.
89 (Address) Paplar 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.....

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.