

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.

REC'D SEP 13 1939

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

Do not use this space.

28674

1. PLACE OF DEATH  
2 County Butler Registration District No. 89  
3 Townships Poplar Bluff Primary Registration District No. 3007  
City Poplar Bluff (No. Brandon Hosp)  
2. FULL NAME Clyde Ernest  
(a) Residence, No. Max Cunningham Ave. St. Cunning Ave. Ward. Cunning Ave.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1917

7. AGE YEARS 22 MONTHS 4 DAYS 17 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, 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) Clay County Missouri

FATHER 13. NAME F. M. Ernest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Arkansas

MOTHER 15. MAIDEN NAME Cora Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Arkansas

17. INFORMANT John Ernest (ADDRESS) Cunning Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwood DATE 8/20 1939

19. UNDERTAKER Arby Funeral Service (ADDRESS) Max Cunningham Ave.

20. FILED Sp 20 1939 Chastinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug - 14 - 1939, to Aug - 17 1939  
I last saw him alive on Aug. 17, 1939 Death is said to have occurred on the date stated above, at 6:30 PM  
The principal cause of death and related causes of importance were as follows:  
Intestinal Perforation Date of onset 8-14-39

Other contributory causes of importance:  
Typhoid fever 7-29-39

Name of operation None Date of 8-14-39  
What test confirmed diagnosis? None Was there an autopsy? None

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. [unclear] M. D.  
Poplar Bluff (Address) no

