

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

Do not use this space.

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OCT 17 1939

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89
3007

1. PLACE OF DEATH
County Butler Registration District No. 89
Township Poplar-Bluff Primary Registration District No. 3007
City Poplar Bluff, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Chas. Robert George
(a) Residence, No. Qulin, Mo. St. _____ Ward _____
(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.

File No. _____
Registered No. 220
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1910

7. AGE YEARS 29 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bernie (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Wm. Henry George

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

15. MAIDEN NAME Lucinda Lane

16. BIRTHPLACE (CITY OR TOWN) Gibson Co. Ind. (STATE OR COUNTRY) _____

17. INFORMANT Irene George (ADDRESS) Qulin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Qulin Cemetery DATE Sept. 19, 1939

19. UNDERTAKER Greer-Croy Service (ADDRESS) Poplar Bluff, Mo.

20. FILED 9/20 1939 Chas. R. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-39 . 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Date of onset _____

Internal hemorrhage

Other contributory causes of importance: Fracture skull

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? accident Date of injury Sept 17, 1939
Where did injury occur? Butler Co. miss
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public highway # 53
Manner of injury hit by automobile
Nature of injury fracture skull laceration face body

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. R. George Registrar.
99 (Address) Poplar Bluff, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM-10-22-36
I X9314

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.

JAN 19 1943

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BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

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