

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

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.

1939 OCT 16 530

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

Duplicate of 33415-39

33420
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 1551
(c) City Farmington, Mo. (d) Street No. State Hospital No. 4 St. 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 Charles C. Register

(a) Residence, No. Poplar Bluff, 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Chas. Register

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1886

7. AGE YEARS 53 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe Owner

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) Poplar Bluff, Mo.

FATHER 13. NAME Geo. Register

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Donna Dickey

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

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff, Mo. DATE Sept. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Mortuary 412 Vine St., Poplar Bluff, Mo.

20. FILED Sept 13, 1939 T. B. Roberts Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1939 to 9-9, 1939. I last saw him alive on 9-9, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Syphilitic Meningo-Encephalitis

Date of onset D.K.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clin. & Lab. 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?.....
If so, specify.....
(Signed) Jas. R. Mulkey, M. D.
(Address) Farmington, Mo.

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,

Scott A. Cotrell

or by

Registered Apprentice No., working under my personal supervision.

Signed

Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.