

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 13 1939

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

Do not use this space.

39130

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City Poplar Bluff No. Brandon Hobbs St. _____ Ward _____

File No. _____
Registered No. 266

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Corning Ark
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 1939, to Nov. 2 - 1939
I last saw him alive on Nov. 2 - 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 2

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

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

Name of operation Meningo Cocci meningitis Date of onset Oct 30 - 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning Ark

Other contributory causes of importance: 11

13. NAME F. J. Molsinger

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ill.

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.

15. MAIDEN NAME Bertha Samons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning Ark

17. INFORMANT F. J. Molsinger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corning DATE 11/4 1939

19. UNDERTAKER Roby Funeral Service

20. FILED 11/3 1939 Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) J. P. Trubert M. D.
(Address) Poplar Bluff, Mo

