

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Township Poplar Bluff

City Poplar Bluff

Registration District No. 89

Primary Registration District No. 3007

File No. 1814

Registered No. 21

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Effie

(Usual place of abode)

St. Bagby

Ward. 210

(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1888

7. AGE

YEARS 53

MONTHS 1

DAYS _____

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) McCleansboro, Ill.

FATHER

13. NAME Edward Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carmit, Ill.

MOTHER

15. MAIDEN NAME Lebbie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key, Ky.

17. INFORMANT (ADDRESS) Verneta Kellup, Essex, Mo. 102

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blountfield

DATE 1-23-40

19. UNDERTAKER (ADDRESS) W. L. Gualle, Poplar Bluff, Mo.

20. FILED 1/23/40

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22nd, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1940, to Jan 22nd 1940

Last saw her alive on Jan 25th, 1940. Death is said

to have occurred on the date stated above, at 1:16 A. M.

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

Septicemia
acute phlebitis - Right Leg.

Date of onset

1/17/40

1/19/40

Other contributory causes of importance:

Chronic Cholecystitis

Date of onset

Sept 1939

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

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 _____

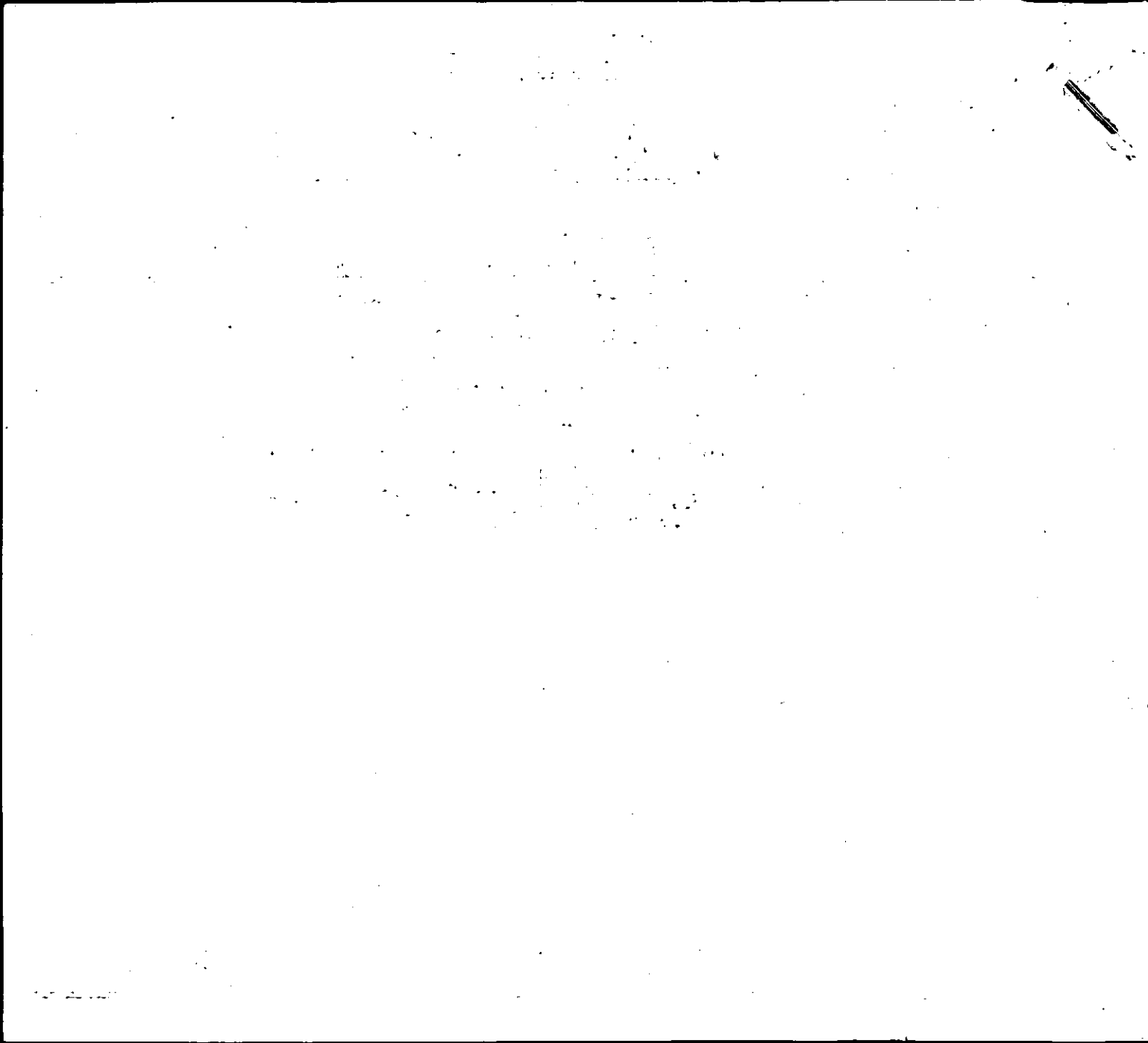
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. L. Gualle

M. D.

(Address) Poplar Bluff, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

1814
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1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Paplar Bluff Primary Registration District No. 3001 Registered No. 21
(c) City Paplar Bluff (d) Street No. _____ 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

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 23 1

8. Trade, profession, or particular kind of work done, as lawyer, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3/1 19 40 Altusinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1940

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him... alive on 19... Death is said to have occurred on the date stated above, at...m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Qualls M. D.

(Address) Paplar Bluff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY

SUPPLEMENTARY

