

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

14422
Do not use this space.

MAY 13 1940

1. PLACE OF DEATH **Butler** Registration District No. **89**
 (a) County **Butler** Primary Registration District No. **3007**
 (b) Township **Poplar Bluff** Registered No. **118**
 or City **Poplar Bluff, Missouri** Street No. **Poplar Bluff Hosp.** St.
 (c) City **Poplar Bluff, Missouri** (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 **120 Virginia Hovis**
 (a) Residence, No. **0** St. **Piedmont, Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Henry Hovis**
 (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 5, 1891**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. **Housekeeper**
 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) **Missouri.**

FATHER 13. NAME **I. L. Brooks,**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Rowenah Thronburgh,**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

17. INFORMANT **Henry Hovis**
 (ADDRESS) **Patterson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Patterson** DATE **April 23, 1940**

19. FUNERAL DIRECTOR (NAME) **Yates Funeral Home**
 (ADDRESS) **Piedmont, Mo.**

20. FILED **4/23**, 19**40** **Obstetinger**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-21**, 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **4-16**, 19**40**, to **4-21**, 19**40**
 I last saw him alive on **4-21**, 19**40** Death is said to have occurred on the date stated above, at **5:00** p. m.
 The principal cause of death and related causes of importance were as follows:
apudata, chylitis
 Date of onset **12/1**

Other contributory causes of importance:
peritonitis

Name of operation **Cholecystectomy** Date of **4-16-40**
 What test confirmed diagnosis? **Specimen** 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**40**
 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) **W. B. Bly**, M. D.
 (Address) **Poplar Bluff, Mo.**

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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Neal C Paulson
Licensed Embalmer No. 4114
P. O. Address Piedmont 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.