

JUN 13 1940

17996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 156

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution:
407 Valley St., Poplar Bluff, Mo.
(d) Length of stay: In hospital or institution _____
In this community 45 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William Henry Tomkins 525
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 7 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____
12. Name Banks Tompkins
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name U N K N O W N
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Hunter
(b) Address 407 Valley St. Poplar Bluff

17. (a) Burial (b) Date thereof May 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery P.B. Mo.

18. (a) Signature of funeral director Greer-Croy Funeral
(b) Address Poplar Bluff, Mo.

19. (a) 5-23-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(d) Street No. 407 Valley
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day twentieth
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 15, 1940, to May 20, 1940
that I last saw him alive on May 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death leech at Hemorrhage 8 weeks
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) mo
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
1-11931

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.....

Licensed Embalmer No.....

P. O. Address.....

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.