

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24732
Do not use this space.

FILED AUG 9 1940

1. PLACE OF DEATH
 (a) County Butter Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007
 (c) City Poplar Bluff (d) Street No. Poplar Bluff Hosp St. Poplar Bluff Hosp 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. 5 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Mildred Hoss
 (a) Residence, No. _____ St. Harville 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 (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Hoss
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
36 3 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Dunklin Co., Mo.
 FATHER
 13. NAME Levi Bryant
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.
 MOTHER
 15. MAIDEN NAME Grace Ingram
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo
 17. INFORMANT Herman Hoss
 (ADDRESS) Harville mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stoddard Co Mo DATE July 25, 1940
 19. FUNERAL DIRECTOR (NAME) Frank Hunt Co
 (ADDRESS) Poplar Bluff mo
 20. FILED 7/26 1940 Obituary 46 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1940
 22. I HEREBY CERTIFY That I attended deceased from July 20, 1940, to July 23, 1940
 I last saw her alive on July 22, 1940 Death is said to have occurred on the date stated above, at 5:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Pallets - with diabetes and vomiting
Probably due to food poisoning
 Date of onset 7-19-40
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) Arthur S. ... M. D.
 (Address) Poplar Bluff 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,

....., or by

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

Signed..... *Yvonne Green*

Licensed Embalmer No. *2964*

P. O. Address..... *Poplar Bluffs, 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.