

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

28073
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007
 (c) City Poplar Bluffs (d) Street No. 0 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. 827 Alice 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 <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Date unknown</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>5</u>	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paragould Ark</u>		
13. NAME <u>she left this child at the home of Arkansas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
15. MAIDEN NAME <u>Lillie Altmann</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>left with out in swimming pool family history</u>		
17. INFORMANT <u>Lillie Altmann</u> (ADDRESS) <u>827 Alice Poplar Bluff</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>city</u> DATE <u>Aug 6 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Frank Underwood</u> (ADDRESS) <u>Poplar Bluff mo</u>		
20. FILED <u>8/6 1940</u> <u>Oblitinger</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1940

22. I HEREBY CERTIFY, That I attended deceased from July 25 1940 to Aug 5 1940
 I last saw him alive on Aug 2 1940 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis with diarrhea. Date of onset July 25 1940

Other contributory causes of importance: 11410

Name of operation none Date of _____
 What test confirmed diagnosis? Chrom 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) W. Brooker, 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,

not embalmed

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Howard W Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

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.