

FILES JUL 15 1942

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

Do not use this space.

21550

1. PLACE OF DEATH

County *Johnson*
Township *Madison*
City *Holden* (No. _____)

Registration District No. *027*
Primary Registration District No. *4380*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jasper Newton Poe
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Docia Ann Poe*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 10 - 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 16

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

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) *Missouri*

13. NAME *John N. Poe*

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

15. MAIDEN NAME *Matilda A. Ferguson*

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

17. INFORMANT (ADDRESS) *M. N. Poe, Greenfield Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Warranshire Mo* DATE *July 30, 1932*

19. UNDERTAKER (ADDRESS) *J. M. Goodman, Holden Mo*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27, 1932*

22. HEREBY CERTIFY That I attended deceased from *July 25* to *July 27*, 1932. I last saw him alive on *July 26*, 1932. Death is said to have occurred on the date stated above, at *2:45 P.M.*

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

Acute Nephritis Date of onset _____

Other contributory causes of importance: *130*

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) *E. M. Thompson*, M. D.

(Address) *Holden 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 imp

RECEIVED

Health Officer No. 8,

Number _____

Date Recd. 7-13-42

J. Thompson

I have searched death records
and burial permits thoroughly
and can find no record of the
death of the enclosed. I have
no memory of it and as it
occurred ten years ago it
will be hard to find. I have
undertakers looking up their
records. Mrs Frank Marrie

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Halden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Johnson

(c) City or town Halden
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gasper N. Poe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1982 hour 11:30 minute 27 M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Shara Ann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 10 - 1853
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions 130
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 8 Days 13 If less than one day min.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN 120
Underline the cause to which death should be charged statistically.

10. Usual occupation Barber

11. Industry or business _____

12. Name John W.

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Matilda A. Ferguson

15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant W.N. Poe

(b) Address Greenfield MO

17. (a) Warrsburg MO (b) Date thereof July 20 - 82
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrsburg MO

18. (a) Signature of funeral director J.W. Hoodman

(b) Address Halden MO

19. (a) July 20 1982 Mrs Frank Morris
(Date received local registrar) (Registrar's signature)

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? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Emerj Thompson (M. D. initials)
Address Halden MO Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

J-21550

July 20, 1942
Frank Morison