JUN 24 1930

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

Do not use this space.

15451

1. PLACE OF DEATH
County Butler Registration District No. 89
Township Primary Registration District No. 3007
City Poplar Bluff (No. , St. Ward)
File No.
Registered No. 89

2. FULL NAME D. S. Proffit

(a) Residence. No. St., Ward. Pocahontas, Ark.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1847 Est.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	Est		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret -
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT C B Tompkins Vital Records
(Address) Poplar Bluff Mo.

15. FILED 5/12 1930 D B J Chas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-1, 1930 to 5-12, 1930
that I last saw h... alive on ..., 19..., and that
death occurred, on the date stated above, at 5:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia lobar
137
135C
132B (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY)
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 5-7-30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J M Hennichsen, M. D.
5-13, 1930 (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pocahontas, Ark	5-14 1930
20. UNDERTAKER	ADDRESS
Frank Mud Co.	Poplar Bluff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Butler Registration District No. 89 File No.
Township Primary Registration District No. 2007 Registered No. 89
City P. Bluff (No. St. Ward)

2. FULL NAME W. D. S. Pruyett

(a) Residence. No. (Usual place of abode) St. Ward. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14.
INFORMANT
(Address)

15. FILED 7/7, 1930 D. B. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/12 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ....., 19....., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonic Coma
Don't Know Cause,
(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY
(SECONDARY)
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ....., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

7/7/30

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...supplie... AGE should be stated EXACTLY. PHYSICIANS should state ...ch may be properly classified. Exact statement of OCCUPATION is very important.

S-1 54 51

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

89

Name: D. S. Proffit

Who died at: Poplar Bluff on May 12, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Uremic Coma

Don't Know cause

Contributory: Cataract was treated for retention

Senile Prostatic hypertrophy

Where was disease contracted? _____

Did operation precede death? yes Date of 5-10-30

Was there an autopsy? _____ What test confirmed diagnosis? _____ _____

Name of physician: J. Ray Hamerschmidt

Address of physician: Poplar Bluff Mo

Note—Every item of information should be complete. Write DEATH in plain terms.

$$(s_2) - 1 = 4s1$$