LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

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

1 PLACE OF DEATH

County Greene

Township ..... Registration District No. 318 File No. 45488

or

Village ..... Primary Registration District No. 2001 Registered No. 932

or

City Springfield (No. Catalpa & Nichols St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sparling Marlor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: March 12, 1918 (Month) (Day) (Year)

7 AGE: ..... yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (City or town, State or foreign country): Mo

PARENTS

10 NAME OF FATHER: Rolla Marlor

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo

12 MAIDEN NAME OF MOTHER: Bessie Redman

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Thomas

(Address) Springfield Mo

15 DEC 14 1918

Filed ....., 191.. Edwin F. James Registrar
Dallie B. John
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 13, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 8, 1918, to Dec 13, 1918, that I last saw him alive on Dec 13, 1918, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Influenza

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) H. F. Kerr M. D.

Dec 13, 1918 (Address) Landers Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenlawn Cem

DATE OF BURIAL: Dec. 14, 1918

20 UNDERTAKER: Lillie Stockton

ADDRESS: 304 E. Walnut

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

[If death occ
hospital or i
give its NAM
of street and

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

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

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) ..... (Day), 19

17 I HEREBY CERTIFY, that I attended deceas
....., 191....., to.....,
that I last saw h.....alive on.....,
and that death occurred, on the date stated above, at.....
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.....

.....

.....

..... (Duration).....yrs.....mos.....

CONTRIBUTORY .....
(Secondary)
..... (Duration).....yrs.....mos.....

(Signed) .....

....., 191..... (Address) .....

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19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

ALL INFORMAT

19

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ss)

STATE OR COUNTRY)

THPLACE OF MOTHER (CITY

IDEN NAME OF MOTHER

STATE OR COUNTRY)

THPLACE OF FATHER (CITY

ME OF FATHER

OR COUNTRY)

ACE (CITY OR TOWN)

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TION OF DECEASED

Years | Months

BIRTH (MONTH, DAY AND YEAR

ED, WIDOWED, OR DIVORCED
ND OF
LIFE OF

4. COLOR OR RACE

ERSONAL AND STATIST

sidence in city or town where de

(Usual place of abode)

NAME

OF DEATH

V. 8. No. 2. A

MARGIN RESERVED FOR BINDING

DELIVER PLAINLY WITH LINEAL PRINTING INK. THIS IS A PERMANENT RECORD