

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

Do not use this space.

30066

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Springfield City Registration District No. 2001

City Springfield (No. Springfield Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 676  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Chas. Leonard Latham  
(a) Residence. No. 915 N. Monroe St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/24/1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min. 19 9 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car Checker  
(b) General nature of industry, business, or establishment in which employed (or employer) Price  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER C. A. Latham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lulu M. Hutchinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Coal Co  
(STATE OR COUNTRY) Mo

14. INFORMANT C. A. Latham  
(Address) Springfield Mo.

15. FILED 11/5 1927 October Mo  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-31-1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Fractured skull, crushed right shoulder, a bilateral upper, cerebral sinus thrombosis, pneumonia  
CONTRIBUTORY SECONDARY falloway Mo - Fell from train, in attempt to Board same

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

18. WAS THERE AN AUTOPSY? \_\_\_\_\_

18. WHAT TEST CONFIRMED DIAGNOSIS? Examiner Request

(Signed) Jewell E. Wood Examiner

(Address) Springfield Mo.

\*State the DISEASE CAUSING DEATH, or in death 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

Memorial Park Cem 11-2-1927

20. UNDERTAKER ADDRESS

Alma Lohmeyer 534  
St Louis

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.

EMERGENCY RECORD

PHYSICIAN'S RECORD

PARENTS

1928

100

