

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

Do not use this space.

36573

File No. _____
Registered No. 807
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield mo Primary Registration District No. 2991
City Springfield (No. _____) Home

2. FULL NAME

(a) Residence. No. 345 W. Chestnut 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 26, 1927 that I last saw him alive on Dec 24, 1927, and that death occurred, on the date stated above, at 12 o'clock 9 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 - 1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 1 25

Brainchial Pneumonia
107A
106A 100 - 2
(duration) yrs. mos. da. cold

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Unknown

Did an operation precede death? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? General
(Signed) U F Kerr, M. D.

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

Dec 25, 19 27 (Address) SPRINGFIELD, MO.

14. INFORMANT Thos James Conree
(Address) 345 W Chestnut

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery DATE OF BURIAL 12/27 1927

15. FILED 12/28/27 Ol. Horst REGISTRAR

20. UNDERTAKER Wm. Conroy ADDRESS Springfield Mo

M. D.—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 if not important.

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