

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

Do not use this space.
Walsh

12897

318

File No. _____
Registered No. *252* St. _____ (Ward) _____

1. PLACE OF DEATH

County *Greene*

Registration District No. _____

Township _____

Primary Registration District No. *1001*

City *Springfield* (No. _____)

1841 n. Jefferson

2. FULL NAME

(a) Residence. No. *1841 n. Jefferson* St., _____

(Usual place of abode)

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

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

Pearl J. Law

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

April 2, 1852

7. AGE

YEARS *75*

MONTHS *11*

DAYS *29*

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(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)

Chicago, Ill.

10. NAME OF FATHER

Prentice G. Law

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

unknown

12. MAIDEN NAME OF MOTHER

Jane Westbrook

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

n. York.

14.

INFORMANT (Address)

B. W. Law Springfield, Mo.

15.

FILED

4-5-28 O. Horst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4-1 1928

17.

I HEREBY CERTIFY, That I attended deceased from

1-1-27

19

to

4-1

19

28

that I last saw him alive on

4-1

19

28

and that death occurred, on the date stated above, at

2 P

m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

CONTRIBUTORY (SECONDARY)

arterio sclerosus

unknown

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

Physical & Chem

W. W. Walsh M. D.

4-2, 1928 (Address) Springfield, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Belleview Cemetery April 3 1928

20. UNDERTAKER

W. Klingner 424 E. Paul St. Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

