

MAY 31 1928

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

Do not use this space.

12968

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. ....

Township Springfield

Primary Registration District No. 2000

Registered No. 331

City Springfield (No. 1946)

Boonville

St. .... Ward)

2. FULL NAME

(a) Residence. No. 1946 Boonville 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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)

Apr 4 - 1927

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

0

7

26

8. OCCUPATION OF DECEASED

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

Infant at Home

(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)

Mo

10. NAME OF FATHER

Claud Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Emily Wigger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

Claud Davis Springfield Mo

15. FILED

5/1/28

Dr. Horsther

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30 1928

17. I HEREBY CERTIFY That I attended deceased from 7/26 1928, to 4-30 1928 that I last saw h. or alive on Apr 25 1928 and that death occurred, on the date stated above, at 3:50 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Barbiturate poisoning  
119 TB  
Primary 107 A  
(duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY)

Colitis  
(duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH?

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. F. Munn M. D.

572 - 1928 (Address) Springfield

\*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

Green Lawn cemetery May 19 28

20. UNDERTAKER

ADDRESS

W. W. Wigger 4-28 Springfield Mo.

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.

