

25 1928

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

Do not use this space.

202368

318

1. PLACE OF DEATH

County Greene

Registration District No. 2001

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 1018 State)

File No. _____
Registered No. 472
St. _____ Ward _____

2. FULL NAME

Sidney C. Durham

(a) Residence. No. 4018 State St 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

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Bessie Durham

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

Aug 22 - 1895

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>	<u>10</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) owner

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Miller Co Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

J.M. Durham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ill.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Alvena Rouben

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Miller Co Mo

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Bessie Durham
Springfield

15.

6-27-28

OC Horsthus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-26-28

17.

I HEREBY CERTIFY, That I attended deceased from 4/22, 1928, to 6/26, 1928

that I last saw h.v.v. alive on 4/26, 1928, and that death occurred, on the date stated above, at 9:55 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

10/10

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, _____

(Signed) Ru Cox

4/27, 1928 (Address) 223 1/2 Santa

*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

Maple Park Cem

DATE OF BURIAL

6-28-28

20. UNDERTAKER

Alma Schreyer

ADDRESS

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.

MAR 27 1945