

23 1929

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

Do not use this space.

33335-a

1. PLACE OF DEATH

County Greene Registration District No. 322
 Township W. Jackson Primary Registration District No. 5447A
 City Springfield (No. Springfield) Fun Home No. 3 St. Springfield Ward

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

2. FULL NAME

Judge W. Underwood
 (a) Residence No. Fun Home No. 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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 5 | 14 | _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Springfield
 (b) General nature of industry, business, or establishment in which employed (or employer) Merchant
 (c) Name of employer Pack Co.

9. BIRTHPLACE (CITY OR TOWN) Pack Co.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wes Underwood

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

12. MAIDEN NAME OF MOTHER Martha Phillips

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

14. INFORMANT Mr. Herbert Miller
 (Address) Springfield Mo.

15. FILED 1-8-29 1929 J. J. Grant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility (duration) _____ yrs. _____ mos. _____ da.
Valvular Insufficiency (duration) _____ yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Jewell E. Winkle M.D.

16-8-1929 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or if 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 Lenley Home Cem DATE OF BURIAL 10-9-1929

20. UNDERTAKER Alma Schueyer 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.

