

27 1928

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

Do not use this space.

36611

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 7001

City Springfield (No. 756 S Grant)

File No. ....

Registered No. 778

St. ....

Ward) ....

2. FULL NAME

(a) Residence No. 756 S Grant

(Usual place of abode)

St. ....

Ward. ....

(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

Florence Mack

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

Nov 2 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

58

0

2

8. OCCUPATION OF DECEASED

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

Police Officer

(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)

Springfield Mo

10. NAME OF FATHER

John A. Mack

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

Tenn.

12. MAIDEN NAME OF MOTHER

Margaret Campbell

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

Tenn.

14. INFORMANT (Address)

Miss John Etha Mack Springfield Mo.

15. FILED

11-9-28 Oct 1st Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

11-4 1928

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 ..... 9:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

740 W

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.....

Chinical Jewell E. Huddle

\*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

Hazelwood Cem

DATE OF BURIAL

11-7 1928

20. UNDERTAKER

Alma Schweyer 5345 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.

