

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

Do not use this space.

36661

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. R # 4 5439
 City Springfield (No. 10 # 4) St. _____ Ward _____

File No. _____
 Registered No. 798
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 10 # 4 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 8 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 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) Tenn.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J. M. Whiteley (Address) Springfield, Mo.

15. FILED 11-17-28 1928 O. C. Host REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1928, to Nov 17 1928 that I last saw him alive on Nov 17 1928, and that death occurred, on the date stated above, at 8:4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

52 Cancer of Face
Several (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 118 (duration) _____ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? 725

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Oliver A. George, M. D. 11-17, 1928 (Address) 760 W. Reading St. Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in 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 _____ DATE OF BURIAL _____ Greenwood Cemetery Nov 18 1928

20. UNDERTAKER L. W. Kingner ADDRESS Springfield, Mo.

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.

C 27 1923

