not signed by undertaker but name supplied by local Registrar.

JAN 21 1929

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

Do not use this space.

39344

1. PLACE OF DEATH

County: Barry — Registration District No.: 36 — File No.:

Township: Sugar Creek — Primary Registration District No.: 5052 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Bennie Lewis Springer

(a) Residence. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

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): Nov 14 1928

7. AGE: Years ..... Months: 2 Days: 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Sugar Creek
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: J E Springer

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

12. MAIDEN NAME OF MOTHER: Opal Wilke

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

14. INFORMANT .....
(Address) .....

15. FILED 12/22 1928. S. R. Coleman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 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 ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coma in bowels
Intestinal surgery
1 DAY
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11807
..... (duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. S. Kasler, M. D
, 19 (Address) Seligman Mo

*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: Benton Co., Ark — DATE OF BURIAL: 12/22, 1928.

20. UNDERTAKER: J. W. Bryant, Rogers, Ark — ADDRESS

supplied by Local Reg.

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.