

PR 24 1929

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

Do not use this space.

10330

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2016

City Springfield

(No. 1419 W Phelps St.)

File No. 3286

Registered No. 3286

St. Ward

2. FULL NAME

(a) Residence. No. 1419 W Phelps St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 8 mos. 3 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

W

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

single

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charles

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

July 27 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8

3

8. OCCUPATION OF DECEASED

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

child

(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)

mo.

10. NAME OF FATHER

J. D. Dager

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo.

12. MAIDEN NAME OF MOTHER

Myrtle Carson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo.

14.

INFORMANT
(Address)

J. D. Dager
1419 W. Phelps

15.

FILED 3-31-29

Lon Sharp
Lon Sharp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3-30-29

17.

I HEREBY CERTIFY That I attended deceased from July 27, 1928, to 3-30-29, 1929, that I last saw him alive on 3-30-29, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Whooping Cough

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

H. Armstrong, M.D.

3-30-29 (Address) Springfield 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

DATE OF BURIAL

Marionville mo.

3-31-29

20. UNDERTAKER

ADDRESS

W. H. Frank

W. H. Frank

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.

