

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

Do not use this space.

14380

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 298
 Township Springfield Primary Registration District No. 2991 Registered No. 215
 City Springfield (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Shayn No. St. _____ Ward. Shayn No.
 (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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 2 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Car Repairer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Tripp's R.R. Co.

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Alfred Dodge
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Earnest
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs. F.J. Dodge
 (Address) Shayn No.

15. FILED 4-5-29 1929 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March April 194-29
 17. I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to April 4, 1929
 that I last saw him, alive on April 4, 1929, and that death occurred, on the date stated above, at _____ P. _____ M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute nephritis
9:30
1:30 (duration) yrs. mos. ds.

CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 900
 IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. J. Ferrell M. D.
4-4, 1929 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, or if 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
Shayn No. April 6, 1929

20. UNDERTAKER W. H. Ingwersen & Co. 424 E. Bond at
Springfield, Mo. ADDRESS

39
 5
 5
 1929
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 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.
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 2
 2
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