

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

Do not use this space.

29541

1. PLACE OF DEATH

County.....

Registration District No. 191

Township.....

Primary Registration District No. 558

City Springfield (No. City Hospital)

File No.
Registered No. 8726
St. Ward)

2. FULL NAME

(a) Residence. No. 2822 Glasgow St., 20 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 19

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT (Address) City Hospital

15. FILED 1911 W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1929

17. I, Dr. J. M. Margolis, HEREBY CERTIFY That I attended deceased from Aug 22, 1929, to Aug 26, 1929, that I last saw him alive on Aug 26, 1929, and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility & Senile Dementia
10 years (duration) yrs. mos. da.
CONTRIBUTORY Broncho-Pneumonia (SECONDARY) (duration) yrs. mos. da. 1 day

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2822 Glasgow

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Dr. J. M. Margolis M. D.
8/26, 1929 (Address) City Hospital

*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
Valhalla Crematory Aug 27 1929

20. UNDERTAKER ADDRESS 1167
Shepherd Funeral Home Camden

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Cloud.