

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

30550

**1. PLACE OF DEATH**

County Linn

Registration District No. 318

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 2001

Registered No. 698

City Springfield

(No. Springfield Baptist Hospital) Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Springfield Mo. St., \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**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 single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	27	7	5	

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Florence Kirby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT Charlie House (Address) S. Grandville Mo.

15. FILED 9-23-29 For Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-23-29

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Sept 23, 1929, and that death occurred, on the date stated above, at 4:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Automobile accident on street freight train at crossing. Cause of chest & back shall

CONTRIBUTORY on Bearstone Road (SECONDARY) Highway 60 - in Springfield

18. WHERE WAS DISEASE CONTRACTED Mo. NOT AT PLACE OF DEATH: 206 G 206 M

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-23-1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? 200

(Signed) Murray C. Stone, Crown, M. D. , 1929 (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 S. Grandville Mo DATE OF BURIAL 9-25-29

20. UNDERTAKER W. H. Stone ADDRESS Springfield Mo

K. 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.

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

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