

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

Do not use this space.

30590

1. PLACE OF DEATH

County Greene
Township
City Springfield

Registration District No. 318
Primary Registration District No. 800
(No. Springfield Hospital)

File No.
Registered No. 694
St. Ward)

2. FULL NAME

(a) Residence. No. 1960 N. Frontout St. Ward.

(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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fay Comstock

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

12. MAIDEN NAME OF MOTHER Bessie Hall

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

14. INFORMANT Fay Comstock
(Address) Springfield, Mo.

15. FILED 9-23-29 John Sharp

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 22 1929

17. I HEREBY CERTIFY That I attended deceased from Sep 18 1929 to Sep 22 1929
that I last saw him alive on Sep 20 1929, and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anhydremia & Diarrhoea
Bronchopneumonia

119B
1071P (duration) yrs. mos. 4 ds.
15 Malnutrition
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.H. Burke, M. D.

9-23, 1929 (Address) 214 N. Jefferson

*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

Sayforth Cemetery Sep 23 1929

20. UNDERTAKER J.N. Klingner ADDRESS Springfield, Mo.

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.

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1848