

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

Do not use this space.

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.

1918
1919
1920

1. PLACE OF DEATH

County Greene
Township
City Springfield (No. 218)

Registration District No. 318
Primary Registration District No. 2001
S. Grant

File No. 840
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 219 S. Grant St., _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1849

7. AGE	YEARS			IF LESS than 1 day, _____ hrs. or _____ min.
	YEARS	MONTHS	DAYS	
	<u>81</u>	<u>0</u>	<u>10</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer
(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 John Acock

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

12. MAIDEN NAME OF MOTHER Judith Ann Ford
(STATE OR COUNTRY)

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

14. INFORMANT Mrs. Fannie Hatton
(Address) Springfield, Mo.

15. FILED 1 1920 Geo Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30 1920

17. I HEREBY CERTIFY, That I attended deceased from 1-27 1920 to 1-30 1920
that I last saw him/her alive on 1-30 1920 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leucemia with its complications
16 1/2

CONTRIBUTORY (SECONDARY) 16 1/2
(duration) yrs. mos. da.

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) M. J. Crumpton, M. D.
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 Dighton Mo. Cemetery DATE OF BURIAL Feb 2 1920

20. UNDERTAKER W. Dingner & Co. ADDRESS 434 E. 2nd St. Springfield, Mo.

70