

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

Do not use this space.

22570

1. PLACE OF DEATH

County Greene Registration District No. 918

Township Springfield East Primary Registration District No. 2801

City Springfield East of John's Hospital St. _____ Ward _____

File No. _____
Registered No. 556
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Elmore, Okla. 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. 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 (with the word)

Single (?)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

about 20

Unknown

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)

Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

10. NAME OF FATHER

C. B. Lanier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

Alma Lefkowitz
Springfield, Mo.

15.

FILED

7-19-30
Fori Mary
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-17-1930, to 7-17-1930, 1930 that I last saw human alive on 7-17-1930, 1930 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of Cervical
Spine & Severance
Cord. Attempted to catch
moving train, through
Julesburg, Colorado.

CONTRIBUTORY (SECONDARY)

Monett, Mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. - Monett, Mo

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? - Neurological

(Signed) L. M. Hefney, M. D.

7-19-1930 (Address) 925 N. W. 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

DATE OF BURIAL

Elmore, Okla.

7-19-30

20. UNDERTAKER

ADDRESS

Alma Lefkowitz
General House

Springfield
Missouri

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.

201930

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