

NOV 22 1930

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

Do not use this space.

32631

1. PLACE OF DEATH

County Jasper
Township Springfield
City Springfield

D. Armstrong 318
Registration District No.
Primary Registration District No. 2001
(No. 1601 W. Mrs. Verwood St.)

File No.
Registered No. 776
St. Ward)

2. FULL NAME

(a) Residence. No. 1601 W. Mrs. Verwood 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. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) chief

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 - 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work chief
(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 Ernest Bischoff

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

12. MAIDEN NAME OF MOTHER Louise Crow

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

14. INFORMANT Mrs. Louise Bischoff
(Address) 1601 W. Mrs. Verwood

15. FILED 10-13-30 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13-30

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 10-13-1930 that I last saw h. alive on 10-13-1930 and that death occurred, on the date stated above, at 10 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis
1190 158 (duration) yrs. mos. 4 ds.
CONTRIBUTORY Inanition (SECONDARY) (duration) yrs. ds.

18. WHERE WAS DISEASE CONTRACTED? 11313
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Anna C. Stone M. D.
113 1930 (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 Hazelwood DATE OF BURIAL 10-13-30

20. UNDERTAKER W. H. Karst 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.

717