

NOV 22 1930

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

32640

Do not use this space.

1. PLACE OF DEATH

County Greene

Township Springfield

City Springfield

Registration District No. D. Hogeboom 368

Primary Registration District No. 200

(No. St. Johns Hospital)

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

Registered No. 788

St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence. No. 521 W. Olive St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Matilda Pilkington

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

Oct. 2 1884

7. AGE

YEARS

46

MONTHS

0

DAYS

18

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Automobile Dealer

(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

Isaac Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo

12. MAIDEN NAME OF MOTHER

Eliza Claton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

mo.

14.

INFORMANT

(Address)

Mrs. B. H. Jones  
521 W. Olive

15.

FILED

1021 1930

Lon Sharp  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-20 1930

17.

I HEREBY CERTIFY That I attended deceased from 10-17-30 to 10-20 30

that I last saw him alive on 10-20 30 and that death occurred, on the date stated above, at 10 12 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Basal Skull Fracture  
Truck which he was driving  
skidded in gravel turning  
over near (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Oldfield Mo on  
21st Highway (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

Oldfield, mo

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? examination

(Signed) Geo W. Hogeboom, M. D.

1021 W. Olive (Address)

\*State the DISEASE CAUSING DEATH, 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

Gentry Reap 10-21 30

20. UNDERTAKER

ADDRESS

W. H. Hogeboom

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.

THIS IS A PERMANENT RECORD

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