

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.

DEC 22 1930

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

Do not use this space.

35870

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

File No. *866*

Township *Springfield*

Primary Registration District No. *2001*

Registered No. *866*

City *Springfield*

(No. *St. Johns Hospital*)

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

2. FULL NAME

(a) Residence. No. *Aldrich Mo.* 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 4 - 1928*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>2</i>	<i>0</i>	<i>13</i>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Child at Home*  
(b) General nature of industry, business, or establishment in which employed (or employer) *16*  
(c) Name of employer *13*

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

10. NAME OF FATHER *Orlie Hamilton*

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

12. MAIDEN NAME OF MOTHER *Jay Stephens*

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

14. INFORMANT *Orlie Stephens*  
(Address) *Aldrich Mo*

15. FILED *11-17, 1930* *Ess Sharp*  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 17* 19 *30*

17. I HEREBY CERTIFY, That I attended deceased from *10-30, 1930, to 11-17, 1930* that I last saw him *alive* on *11-17, 1930*, and that death occurred, on the date stated above, at *3 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Accident (Burn by scalding water I fell into pan of hot water at home)*

CONTRIBUTORY *Acute hemorrhagic nephritis*  
(SECONDARY) (duration) yrs. mos. ds. *6 ds.*

18. WHERE WAS DISEASE CONTRACTED  
*NOT AT PLACE OF DEATH Aldrich, Mo.*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *Urban Busick* M. D. *15*  
*11-18, 1930* (Address) *Springfield Mo*

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. John Co. Mo., Pleasant Ridge Cemetery* DATE OF BURIAL *Nov 18 1930*

20. UNDERTAKER *J. W. Klingner & Co., Springfield Mo.* ADDRESS

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