

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

Do not use this space.

239120

1. PLACE OF DEATH

County Henry Registration District No. 318
 Township Springfield Primary Registration District No. 2-126 File No. 985
 City St. Johns Hospital Registered No. 985 (Ward)

2. FULL NAME

(a) Residence. Springfield Mo (Usual place of abode) St. Johns Hospital (If nonresident give city or town and State) Ward. (Pointed)
 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED unknown
 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. or min.
about 33 - - - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of occupation _____
 (b) General nature of industry, business, or establishment which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) _____

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

14.

INFORMANT W. H. Sharpe
 (Address) Springfield Mo

15.

FILED 226 35 Jon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Oct 1930 to Dec 26, 1930.
 that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

CONTRIBUTORY

Chronic Myocarditis
 (SECONDARY) (duration) 1 yrs. 6 mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED

412 B 980
 (duration) 1 yrs. 6 mos. 6 da.

19. DID AN OPERATION PRECEDE DEATH?

no DATE OF _____
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Newton Washman M. D.
12-26, 1930 (Address) Holland Bldg Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, 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

St. Johns Dec 26 1930

20. UNDERTAKER

ADDRESS

W. H. Sharpe Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 19 1931

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