

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

Do not use this space.

966

1. PLACE OF DEATH

County Frank

Registration District No. 3/8

File No. 81

Township Springfield

Primary Registration District No. 3/8

Registered No. 81

City Springfield

(No. Springfield Baptist Hospital St. Ward)

2. FULL NAME

(a) Residence. No. 700 N. Grant St., Ward. (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 3 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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.

PARENTS
10. NAME OF FATHER Cluster W. Woughly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Blusa Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Cluster W. Woughly
(Address) 700 N. Grant

15. FILED -29-1931 Louis Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 29 31

17. I HEREBY CERTIFY, That I attended deceased from 1, 26, 1931 to 1 - 29 - 31 that I last saw him alive on 1 - 28, 1931, and that death occurred, on the date stated above, at 6 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis - acute.

11975
(duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 1197
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) H. M. Murrick M. D.
29 31 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, omit 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 Hollywood Cem. DATE OF BURIAL 1-29 31

20. UNDERTAKER W. Karuk ADDRESS Franklin

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.

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

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