

MAR 24 1931

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

Do not use this space.
Dca Rec 52230

1. PLACE OF DEATH

39 County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
3 City Springfield (No. 1325) St. North Registered No. 158
5 (No. 1325) St. North (If nonresident, give city or town and State) (Ward)

2. FULL NAME

(a) Residence, No. 1325 N. North St. North 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 M 4. COLOR OR RACE White 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF Antonia Talman (or) WIFE OF Tom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 6/1869
7. AGE YEARS 66 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 19
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

FATHER 13. NAME Sam Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Antonia Talman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 19

17. INFORMANT (ADDRESS) Miss Jessie Bragg

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 2/27 1931

19. UNDERTAKER (ADDRESS) William A. Meyer

20. FILED 2-26-31 1931 Tom Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 25, 1931
I last saw him alive on 2/25, 1931. Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 2/18/31

Other contributory causes of importance: 94B
94B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. B. Lemmon, M. D.
(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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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