

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

Do not use this space

*Dr. R. W. ...*

9537

File No. 228  
Registered No. 228  
Ward

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2991  
City (No. 10270 Walnut)

**2. FULL NAME**

(a) Residence, No. 10270 Walnut St. Walnut Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married  
Divorced (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Ellen Wentworth  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1867

7. AGE IN YEARS MONTHS DAYS  
62 11 25  
If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 275

10. Date deceased last worked at this occupation (month and year) Jan 29

11. Total time (years) spent in this occupation 409

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

13. NAME Curran

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

15. MAIDEN NAME Wentworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Ellen Van Camp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Mar 22 31

19. UNDERTAKER (ADDRESS) W. H. Meyer

20. FILED 2-23-31 Geo. Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 to March 21  
I last saw him alive on March 20 1931 Death is said to have occurred on the date stated above, at 3 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of penis of about 6 mo duration following cancer of penis that had existed since Aug 28 - 1929  
Other contributory causes of importance:  
51F  
46E

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1931  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify None  
(Signed) Walter J. Williams M. D.  
(Address) 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.

APR 28 1931

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