

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

Do not use this space.

13856

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 325 N. Nichols)

Registration District No. 318  
Primary Registration District No. 29001

File No. \_\_\_\_\_  
Registered No. 936  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 325 N. Nichols 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7 - 1846</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1931

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to April 27, 1931

I last saw him alive on April 27, 1931. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:  
Date of onset

Cardio Vascular disease

Other contributory causes of importance:  
95B  
95B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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) Lee Cox, M. D.

(Address) 223 1/2 South

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Mr. H. Sanford</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ill.</u>
17. INFORMANT (ADDRESS) <u>Mr. Otis Hawkins Springfield, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>Maple Park Cemetery April 28, 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Wolfinberger &amp; Co Springfield, Mo.</u>	
20. FILED <u>4-27-1931</u> <u>John Sharp</u> Registrar	

MAY 23 1931

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

938