

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

Do not use this space.

17674

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 5)

Registration-District No. 318
Primary Registration District No. 204

File No. _____
Registered No. 370
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 712 W. Valley St. Ward 5
(Usual place of abode)

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. D. Docherty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>40</u>	YEARS <u>4</u>	MONTHS <u>6</u>
		DAYS <u>—</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

FATHER
13. NAME Frank Flawer

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

MOTHER
15. MAIDEN NAME Mary Keatts

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

17. INFORMANT A. J. Flawer
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena DATE 5-12-1931

19. UNDERTAKER Thomas H. Meyer
(ADDRESS) Springfield, Mo.

20. FILED 6-11, 1931 Tom Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 10, 1931
I last saw him alive on May 10, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitis
Date of onset _____
59
59
0

Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.
Springfield Baptist Hospital.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. E. Ray, M. D.
(Address) 540 E. Bond St. 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.

JUN 25 1931

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