

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

Do not use this space.
21138
Dr. Joseph D. James

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 204
City Springfield, Mo. St. Joseph Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sebonay, Mo., St. Ward _____
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Paul Watson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>about 29</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		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) <u>Springfield, Missouri</u>		
13. NAME <u>Rose Ogelis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luthania, Mo.</u>		
15. MAIDEN NAME <u>No data</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luthania, Mo.</u>		
17. INFORMANT <u>Salena Watson</u> (ADDRESS) <u>Sebonay, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sebonay</u> DATE <u>6-15</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Alma Lammert, Paul</u> <u>Springfield, Mo.</u>		
20. FILED <u>6-15</u> 19 <u>31</u> <u>For Ward</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 - 1931

22. I HEREBY CERTIFY That I attended deceased from June 13 1931, to June 15 1931
I last saw her alive on June 14 1931. Death is said to have occurred on the date stated above, at 6:15 A.
The principal cause of death and related causes of importance were as follows:
Purpuril Bacteremia,
Septicemia
145A 145W
Other contributory causes of importance _____

Name of operation autopsy Date of 6-12-31
What test confirmed diagnosis Labatory sent culture 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? No
If so, specify _____
(Signed) Joseph D James _____ 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.

JUL 24 1931

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