

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

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

21141 Do not use this space
File No. _____
Registered No. 459
St. _____ Ward _____

1. PLACE OF DEATH

County Green Registration District No. 518
Township _____ Primary Registration District No. 2201
City Springfield (No. 1407) St. Don

2. FULL NAME

Richard Olin Eslinger
(a) Residence, No. 1401 E. Broadway 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Student

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1913

7. AGE YEARS <u>17</u>	MONTHS <u>10</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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

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

13. NAME R. O. Eslinger

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

15. MAIDEN NAME Lisa Weber

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

17. INFORMANT C. B. Eslinger
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE June 17 31

19. UNDERTAKER Herman Zimmerman
(ADDRESS) Springfield Mo

20. FILED 6-16 1931 John Frank Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 31

22. I HEREBY CERTIFY That I attended deceased from June 4 31 to June 15 31, 1931.
I last saw him alive on June 15 31. Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculous meningitis
26
24
26
Other contributory causes of importance: _____
Tuberculous spondylitis of ten or more years duration
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) Robert Glynn, M. D.
(Address) Springfield Mo

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