

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

Do not use this space.

21192

1. PLACE OF DEATH

39 County Greene Registration District No. 321
 Township Beaver Primary Registration District No. 3444
 City Springfield (No.) St. 14 Ward

2. FULL NAME

(a) Residence, No. 13200 Pecanwood 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

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

7. AGE 69 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Arvid M. Ireland

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) W. H. Sawyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE July 3, 1931

19. UNDERTAKER (ADDRESS)

20. FILED July 4, 1931 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1931

22. I HEREBY CERTIFY That I attended deceased from , 19 , to , 19 .
 I last saw him live on July 3, 1931. Death is said to have occurred on the date stated above, at 6 P. m. alone.
 The principal cause of death and related causes of importance were as follows:

hemorrhaging
66
 Other contributory causes of importance: Old Fracture Skull

Name of operation 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? suicide Date of injury June 30, 1931
 Where did injury occur? 1/2 mile East of Springfield, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury James River
 Nature of injury hemorrhaging

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) James C. Stone, Crown, 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

