

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

Do not use this space.

24766

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 2001)

Registration District No. 318
Primary Registration District No. Springfield Hosp

File No. _____
Registered No. 537
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. gate, okla 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 3 7

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

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 Dr. C. Todd

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

15. MAIDEN NAME Katherine Lane

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

17. INFORMANT Miss J. D. Cleveland

(ADDRESS) 2121 Stillwater, Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Gate, Okla DATE 7/18

19. UNDERTAKER Wm. Lohmeyer

(ADDRESS) Springfield, Mo.

20. FILED 7-18-31 Wm. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-12-31, 1931, to 7-17-, 1931

I last saw him alive on 7-17-, 1931. Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Acute (gangrenous) appendicitis Date of onset 7-10-31

Other contributory causes of importance: 121A
121B

Name of operation Appendectomy Date of 7-12-31
What test confirmed diagnosis? Examination Was there an autopsy? No.

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) J. Newton Walkem M. D.
Holland, Mo. 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.

AUG 26 1931

MARGIN RESERVED FOR

3d.
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