

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Campbell Primary Registration District No. 2001
 City Springfield MO (No. 427 E Pine)

File No. 24777 552
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 427 E Pine St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. 2 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 Esther Kuster Van Buren
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1943
 7. AGE YEARS 88 MONTHS 4 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture
 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) Iowa

MOTHER FATHER
 13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Chelaps Van Buren (ADDRESS) 427 E Pine

18. BURIAL, CREMATION, OR REMOVAL Bolevan, Mo DATE July 24 1931

19. UNDERTAKER Flay & W. F. F. F. (ADDRESS) 629 W. Walnut

20. FILED 7-24-31 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1931

22. I HEREBY CERTIFY That I attended deceased from 4-31-31 to 7-20-31
 Last saw him alive on 7-20-31 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:

Senility
93 1/2
187
 Other contributory causes of importance: Chronic myocarditis

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 or profession? _____
 If so, specify _____
 (Signed) H. F. Frustro M. D.
 (Address) 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

RECEIVED FOR BINDING

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561

1010.00