

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

Do not use this space.

25940

1. PLACE OF DEATH

County Pulaski Registration District No. 714
 Township Piney Primary Registration District No. 5943
 City Bloodland (No. _____) St. _____ Ward _____

File No. 3
 Registered No. 7

2. FULL NAME

Augustus William Springer
 (a) Residence, No. _____ 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>male</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 OF (OR) WIFE OF <u>Rhoda Bryan Springer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1898</u>		
7. AGE	YEARS <u>93</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>March 1906</u>	11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>		
FATHER	13. NAME <u>Wm. Springer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>	
MOTHER	15. MAIDEN NAME <u>Carolina Christick Zelton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. A. W. Springer Bloodland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloodland</u> DATE <u>July 22, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. J. Vanghaust</u>		
20. FILED <u>7-22-31</u> <u>W. R. Keene</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931 to July 21, 1931
 I last saw him alive on July 21, 1931. Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Dysentery (type not determined) acute
130
95B
 Other contributory causes of importance:
Dilated heart 130
5/1/51

Name of operation none Date of a
 What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury o, 19____
 Where did injury occur? o (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury o
 Nature of injury o

24. Was disease or injury in any way related to occupation of deceased? o
 If so, specify _____
 (Signed) C. Walford, M. D.
 (Address) Crocker, 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.

MS 29 1931

