

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

Do not use this space.

28024

1. PLACE OF DEATH

County Greene

Registration District No. 518

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 1361 W. Larn)

File No. _____

Registered No. 597

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1361 W. Larn
(Usual place of abode)

Ward _____

(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 (with the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1931

7. AGE

YEARS 0

MONTHS 6

DAYS 14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Missouri

MOTHER FATHER

13. NAME George Ash

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

15. MAIDEN NAME Lacie Jones

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

17. INFORMANT (ADDRESS) George Ash Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright DATE Aug 15, 1931

19. UNDERPAKER (ADDRESS) George Ash Springfield Mo

20. FILED 8-15-31

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug - 9 - 1931, to Aug - 14 - 1931

I last saw him alive on Aug - 14 - 1931 Death is said to have occurred on the date stated above, at 4 P m.

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

Ileo-Colitis

Date of onset

Other contributory causes of importance:

Whooping Cough

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____

When 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 primary in any way related to occupation of deceased? No

If so, specify None I know

(Signed) W. H. F. Coates, 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.

SEP 22 1931

10/25/55

10/25/55

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