

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

Do not use this space.

28039

**1. PLACE OF DEATH**

County Franklin  
Township Springfield  
City Springfield (No. 1317 E. Webster)

Registration District No. 318  
Primary Registration District No. 200

File No. \_\_\_\_\_  
Registered No. 614  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1317 E. Webster St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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>W</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>Carl Teed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2 - 1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>6</u>
	DAYS <u>19</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>Housewife</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)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Texas

13. NAME  
J. H. Mackney

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

15. MAIDEN NAME  
Dora Keen

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

17. INFORMANT (ADDRESS)  
Carl Teed  
1317 E. Webster

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Unknown DATE 8/23/31

19. UNDERTAKER (ADDRESS)  
W. F. Harris  
Springfield Mo.

20. FILED 8-22 1931 John Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 8-21, 1931

I last saw him alive on 8-21, 1931 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral tumor Date of onset 8.14.31

Other contributory causes of importance:  
Metastasis

Name of operation no Date of 8.1

What test confirmed diagnosis? Diagnosed Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify \_\_\_\_\_

(Signed) J. J. Freeman, M. D.  
(Address) Springfield Mo.

FEB 15 1957

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 318

File No. ....

Township.....

Primary Registration District No. 2001

Registered No. 614

City Springfield (No. ....) St. .... Ward

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-22-31 For Sharp Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h. .... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Cerebral tumor non malignant

Other contributory causes of importance:  
Paralysis from journey

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 of deceased? If so, specify

(Signed) ... M. D. (Address) ...

A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PREPARED

SUPPLEMENTARY

5-28039