

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

Do not use this space.

30999

1. PLACE OF DEATH

County Green

Registration District No. 318

File No. 30999

Township Springfield

Primary Registration District No. 29

Registered No. 647

City Springfield

Springfield Hospital (Ward)

2. FULL NAME

(a) Residence, No. Home no. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 698

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 62

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

FATHER 13. NAME J P Johnston

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

MOTHER 15. MAIDEN NAME Effie Garland

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

17. INFORMANT Effie Johnston (ADDRESS) Home no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home no. DATE 9-5 '31

19. UNDERTAKER W E Hillen (ADDRESS)

20. FILED 9-8 '31 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 '31

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931, to Sept 3, 1931. I last saw him alive on Sept 3, 1931. Death is said to have occurred on the date stated above, at 3:17 p.m.

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

Toxaemia due to enlarged Proth

Other contributory causes of importance: Exhaustion 137

Name of operation Prostatectomy Date of 9-5
What test confirmed diagnosis Chemical 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? no
If so, specify CWR (Signed) , 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.

OCT 22 1931

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