

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

Do not use this space.

31082  
Dr. Walsh

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Springfield Precinct Registration District No. 209  
City Springfield No. 905 Phoenix St. 691 Ward)

**2. FULL NAME**

(a) Residence, No. 905 Phoenix St. 691 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**

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1890</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>6</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Addresser</u>		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Welder</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>Dr. J. B. Leonard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo.</u>		
15. MAIDEN NAME <u>Stutz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo.</u>		
17. INFORMANT (ADDRESS) <u>905 Phoenix St. Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Springfield, Mo. Sept 22 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>Sept 21 1931</u>		

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1931 to 9-20, 1931  
I last saw him alive on 9/26/1931. Death is said to have occurred on the date stated above, at 7:13 m.  
The principal cause of death and related causes of importance were as follows:  
Hodgskins disease  
Metastatic carcinoma  
Hemorrhage and pressure on throat  
Date of onset

Other contributory causes of importance:  
none

Name of operation none Date of none

What test confirmed diagnosis? more 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 1931  
Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) Dr. J. B. Leonard  
(Address) 540 E. Cum. 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 28 1931

30  
1701