

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

Do not use this space.

34174

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2-91

City Springfield (No. 1241)

(No. 1241)

Salvadge

File No. _____

Registered No. 733

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1241

(Usual place of abode)

Billy Mars Jr.

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

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

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 159

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

13. NAME Mrs. A. Mars

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

15. MAIDEN NAME Irene Arnold

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

17. INFORMANT Mrs. A. Mars (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Roberson (ADDRESS) Trails DATE Oct 9 1931

19. UNDERTAKER Whittington & Co (ADDRESS) Springfield, Mo.

20. FILED 10-9 1931 For Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/8 1931, to 10-9 1931

I last saw him alive on Oct 9 1931. Death is said to have occurred on the date stated above, at 7 A. m.

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

Premature birth Date of onset _____

Other contributory causes of importance: none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1931

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

If so, specify _____ (Signed) A. J. Freeman M. D.

(Address) Springfield, Mo.

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.

NOV 2 A 1931

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