

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

Do not use this space.

File No. *40629*  
Registered No. *838*

1. PLACE OF DEATH

County *Greene* Registration District No. *318*  
Township *Wagon Wheel* Primary Registration District No. *2001*  
City *Springfield* *661 S. Main*

2. FULL NAME

(a) Residence, No. *461 S. Main* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 10 - 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *57 8 22*

8. Trade, profession, or particular kind of work done, as signer, sawyer, bookkeeper, etc. *Business*

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

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) *Paducah Ky*

13. NAME *Pete Mockery*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *German of France*

15. MAIDEN NAME *Elizabeth*

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

17. INFORMANT (ADDRESS) *Dr. Frank M. Davis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mark* DATE *Dec 5 1931*

19. UNDERTAKER (ADDRESS) *Heiman Funeral Home*

20. FILED *12-3-31* *John Sharp* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 2 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 28 1931* to *Dec 2 1931*. I last saw him alive on *Dec 2 1931*. Death is said to have occurred on the date stated above, at *11:15* p.m.

The principal cause of death and related causes of importance were as follows: *Cerebral Special Meningitis Meningococcus Meningitis* Date of onset *Nov 28, 1931*

Other contributory causes of importance: *18*

Name of operation *Spinal puncture, Culture of Discharge* What test confirmed diagnosis? *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

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) *O. C. Hord*, M. D. (Address) *625 Woodruff Bldg 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.

