

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.

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

Do not use this space.

40658

File No. 871  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2041  
City Springfield No. St. Johns Hospital

2. FULL NAME

(a) Residence, No. 224 W. Nichols 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-31

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

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) no

13. NAME Ernest Mayphard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Rosie Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Ernest Mayphard  
(ADDRESS) Springfield

18. BURIAL, CREMATION, OR REMOVAL no  
PLACE Truett Chapel DATE 11-16 1931

19. UNDERTAKER W. J. Starnes  
(ADDRESS)

20. FILED 12-16 1931 Lon Sharp  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1931 to 12-14-1931

I last saw h. alive on 12-14-1931 Death is said

to have occurred on the date stated above, at 11:20 a.m.

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

Pneumonia - lobar

Date of onset 11-30-31

108  
130 108

Other contributory causes of importance:

nephritis

10-13-31

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? no

If so, specify \_\_\_\_\_

(Signed) Lon Sharp, M. D.

(Address) Springfield, Mo.

