

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

Do not use this space.

5135

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.

MAR 23 1932

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1. PLACE OF DEATH

County Gasconade Registration District No. 411 File No. _____
 Township Patton Primary Registration District No. 2002 Registered No. _____
 City Springfield (No. _____) (If nonresident, give city or town and State) _____ Ward) _____

2. FULL NAME

(a) Residence, No. 10357 Jackson
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 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) Mar 3 1918
 7. AGE YEARS 13 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in his school
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-32 1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1932 to Feb 23 1932
 I last saw him alive on Feb 23 1932 Death is said to have occurred on the date stated above, at 12:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Menigitis
Non contagious
 Other contributory causes of importance: 1918

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield
 13. NAME J. J. Jaudetrum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield
 15. MAIDEN NAME Jane Marie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) J. J. Jaudetrum
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 3-25-32
 19. UNDERTAKER (ADDRESS) Wheeler and Co
 20. FILED 2-25-32 Arknew Clark Registrar.

Name of operation _____ Date of 2-22-32
 What test confirmed diagnosis? operation 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? _____
 If so, specify _____
 (Signed) J. J. Jaudetrum M. D.
 (Address) Springfield Mo.

