

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

Do not use this space.

8055

1. PLACE OF DEATH

County Irene
Township Springfield
City Springfield (No. Childrens Home)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 172
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jan Grove No St. Rt 4
(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 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) Jan 29-1930

7. AGE Years 2 Months 1 Days ✓ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mo. 1

FATHER 13. NAME Charles T. Lain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan. 2

MOTHER 15. MAIDEN NAME Mary D. Akin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Charles T. Lain
(ADDRESS) Jan Grove No. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baseville Cemetery DATE March 2 1932

19. UNDERTAKER (ADDRESS) J. M. Kluemper Co

20. FILED 314 1932 W. J. For Sharp Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to March 1 1932

I last saw him alive on March 1 1932 - 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:

Lobar Pneumonia as sequel to meningitis → Feb 25 1932
447
108
Other contributory causes of importance: 108 ①

Name of operation _____ Date of _____

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 _____ 1932

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) W. J. Hagedorn, M. D.

(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 26 1932

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