

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

Do not use this space.

8068

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 747 S. main)

File No. _____

Registered No. 187

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 747 S. main

St. _____

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

64 YEARS

MONTHS 0

DAYS 28

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 303

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)

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT

(ADDRESS) 747 S. main Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Removal

DATE 3/8

19. UNDERTAKER

(ADDRESS) H. H. Spahr

20. FILED 3-7

1932

For Sharp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him live on Mar. 6, 1932. Death is said to have occurred on the date stated above, at 7 P. m.

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

Coronary Sclerosis

93 C

9/13

47

In Physician's attendance

Other contributory causes of importance:

Chronic myocarditis

Arteriosclerosis

Name of operation 93 C

What test confirmed diagnosis 93 C

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? h

If so, specify _____

(Signed) Harry C. Stone Chronic, M. D.

(Address) Springfield, Mo.

1900