

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

Do not use this space.

8069

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 294
 City Springfield (No. 2219) Rogers St. _____ Ward _____

File No. _____
 Registered No. 188

2. FULL NAME

(a) Residence, No. 1219 Rogers 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 Female 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 Horace L. Schmittou

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 6 4

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

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

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) Tenn.

13. NAME Augustus Stockmon

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

15. MAIDEN NAME Daily

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

17. INFORMANT Horace L. Schmittou
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE March 8, 1932

19. UNDERTAKER (ADDRESS) W. H. Kingree, Ho., Springfield, Mo.

20. FILED 2, 1932 Fori Charp Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to March 5, 1932

I last saw him alive on March 5, 1932 Death is said to have occurred on the date stated above, at 6:25 p.m.

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

Other contributory causes of importance: _____

11A Labor Pneumonia
following influenza
108
11A
11B
1

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? _____

If so, specify _____

(Signed) R. H. Cox, M. D.
 (Address) 223 1/2 South

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.

WHILE THE INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 26 1932

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