

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

Do not use this space.

15836

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield (No. 619 State St)

File No. \_\_\_\_\_

Registered No. 336

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Route 8 Box 105 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 264

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

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) Springfield mo

13. NAME H. S. Evans

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

15. MAIDEN NAME Bonnie Burns

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

17. INFORMANT Mrs. J. M. Evans (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE May 5, 1932

19. UNDERTAKER Alma Schreyer (ADDRESS) Springfield Mo

20. FILED 75 19 3 28 For Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw him live on May 3, 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Coronary thrombosis Date of onset \_\_\_\_\_

734

940

No Physician in attendance

Other contributory causes of importance: (5)

Chronic hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Harvey C. Stone, Crown, M. D. (Address) Springfield, Mo.

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.

JUN 2 1932

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

