

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

Do not use this space.

22558

1. PLACE OF DEATH

39 County Greene Registration District No. 318
 Township W. Campbell Primary Registration District No. 5439
 City Springfield (No. Greene Co Farm l. 4 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Greene Co Farm Ward. _____
 (Usual place of abode)
 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 1 1936</u>				
7. AGE	YEARS <u>36</u>	MONTHS <u>None</u>	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 31</u>			
	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Sup. Co Farm Hunter Bates</u> (ADDRESS) <u>Springfield Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>So Eagle wood</u> DATE <u>7/19 32</u>				
19. UNDERTAKER <u>H. P. Campbell</u> (ADDRESS) <u>567 Washington</u>				
20. FILED <u>7/19</u> 19 <u>32</u> <u>Ralph Whumptin</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1931 to 7-18 1932
 I last saw him alive on 7-18 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:
Acute mania 3 yrs
Myocarditis ch 1 yr
 Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State) Mo
 Specify whether injury occurred in industry, in home, or in public place. Yes

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. T. Wash _____, M. D.
 (Address) Springfield Mo

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

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.

AUG 23 1932

