

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

Do not use this space.

25362

**1. PLACE OF DEATH**

County Greene Registration District No. 318

Township \_\_\_\_\_ Primary Registration District No. 2007

City Springfield (No. 803, South Ave)

File No. \_\_\_\_\_  
Registered No. 606  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 803 South Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 6 15

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

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

13. NAME Richard Sever

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 318

15. MAIDEN NAME ?

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

17. INFORMANT 26 J. Rommey (ADDRESS) 803 So. Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE Aug. 28, 1932

19. UNDERTAKER Alma Schmeier (ADDRESS) 534 St. Louis St

20. FILED Aug 27, 1932 Ralph H. Ingstad Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1930, to Aug., 1932. I last saw him alive on July 1, 1932. Death is said to have occurred on the date stated above, at 4 a. m. The principal cause of death and related causes of importance were as follows:

Heart - Arteriosclerosis  
95 B  
97  
Other contributory causes of importance: 95 B 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? no  
If so, specify \_\_\_\_\_  
(Signed) R. H. Ingstad, M. D.  
(Address) 223 1/2 South

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.

SEP 22 1932

RESERVED FOR BIRMINGHAM

