

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 12106-Commercial)

Registration District No. 318  
Primary Registration District No. 2001

File No. 29023  
Registered No. 677  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 12106 Commercial St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13 1855

7. AGE YEARS 77 MONTHS 5 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ind. ?

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mrs. Eff Israel 12106 Commercial

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Oct. 1 - 1932

19. UNDERTAKER (ADDRESS) W. F. Howard Springfield

20. FILED 9-29-32 R. Deperewski Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-32

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1932, to 9-28-32  
I last saw h. alive on 9-28-32 1932 Death is said to have occurred on the date stated above, at 10:30 am.

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

Chronic valvular disease of heart  
chronic atherosclerosis  
Other contributory causes of importance: Calcium deposits in arteries

Name of operation none Date of none  
What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury none 1932

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. I. Walsh M. D.  
(Address) Springfield

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.

OCT 26 1932

345

5406 B