

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

Do not use this space.

29032

1. PLACE OF DEATH

39 County Greene Registration District No. 218
Township Springfield Primary Registration District No. 5439
City Springfield (No. # 2)

File No. _____
Registered No. 657
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. # 2 St. _____ Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1921</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>4</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>on farm</u>		
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) <u>Mo. 1</u>		
13. NAME <u>W. L. Hartley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Car 2</u>		
15. MAIDEN NAME <u>Marcella Datter white</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Car</u>		
17. INFORMANT (ADDRESS) <u>Mrs. W. L. Hartley No. _____ Springfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn Cemetery</u> DATE <u>Dec 20 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Hartley & Co. Springfield Mo.</u>		
20. FILED <u>9-19-1932</u> <u>Ralph W. Hampton Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1932, to 9-17, 1932
I last saw him alive on 9-16-, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Diabetic Mellitus
definite date of onset
is not known possibly
8 mo or 1 year
Date of onset _____

Other contributory causes of importance _____

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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) C. E. Zeller, 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.

SEP 26 1932

