

NOV 23 1932

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

Do not use this space.

31980

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Camphill Primary Registration District No. 2001
5 City Springfield, Mo (No. 628 Chicago)
2. FULL NAME Rayd. Absher
(a) Residence, No. 228 Chicago St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED; WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 3 5
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. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 188
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME Ben Absher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Gpha Matney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Ben Absher (ADDRESS) Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wood DATE Oct 12 1932
19. UNDERTAKER W. W. Fisher (ADDRESS) 229 W. Walnut
20. FILED 10-17-32 Ralph W. Tangen Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1932
22. I HEREBY CERTIFY, That I attended deceased from 7-22 - 1932, to 10-11 1932
I last saw him alive on 10-11 1932 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic intestinal indigestion July 1932
achypsis
gastroenteric malacolon
Other contributory causes of importance:
Bronchitis 1932
Name of operation 1 Date of
What test confirmed diagnosis? W Was there an autopsy? W
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) W. W. Fisher M. D.
(Address) Springfield Mo

1)