

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

Do not use this space.

3188 Patterson

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 3 City Springfield Mo. No. 927 S. Delaware St. _____
 5
 2. FULL NAME Walter A. Primm Ward _____
 (a) Residence, No. 927 S. Delaware St. (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old. Trice
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maintenance Dept.
 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) Lincoln, Mo.
 13. NAME Dr. John S. Primm
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Mo.
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Roger Primm
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Oct. 19, 1932
 19. UNDERTAKER Oliver Schmeiser, Han
 (ADDRESS) Springfield, Missouri
 20. FILED 10-19-32 Ralph Mangum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1931 to Oct. 17, 1932
 I last saw him alive on Oct. 17, 1932 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary hemorrhage Date of onset 10/17/32
IIA
IIIA IVB 1
 Other contributory causes of importance:
Influenza, Yelland
by Pulmonary
Tuberculosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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 _____, 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) W. P. Patterson, M. D.
 (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1932

