

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

Do not use this space.

35375

1. PLACE OF DEATH

Census

Registration District No. 318

File No.

Township

Primary Registration District No. 7001

Registered No. 749

City

300 1/2 W. Commercial St.

Ward)

2. FULL NAME

(a) Residence, No. 300 1/2 W. Commercial 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 *M.* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *73*

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

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) *Ohio 2*

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Chas. Nisler* (ADDRESS) *Springfield Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Comfort Cem* DATE *Nov 4 1932*

19. UNDERTAKER *F. H. Lehmer* (ADDRESS) *Springfield Mo*

20. FILED *11-4-32* *Ralph W. Langston* Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 1 1932*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him *alive on Nov 1 1932* Death is said

to have occurred on the date stated above, at *1 A.* m.

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

Pericarditis, Chronic

Date of onset

Physician in attendance

Other contributory causes of importance:

Coronary Sclerosis, Hypertension

Name of operation *(5)* Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Amuray C. Stone, Coroner*, 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.

NOV 9 1932

