

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.

JAN 8 1933

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

+itch
Do not use this space.

35402

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 2431 N. Grant)

File No. _____
Registered No. 779
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2431 N. Grant St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie A. Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15-1853</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Frisco Employee</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R.R. Shops</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 6th 1931 to Nov 13th 1932
I last saw him alive on Nov 9th 1932 Death is said to have occurred on the date stated above, at 12²³ hours
The principal cause of death and related causes of importance were as follows:
Senility
137
162
Other contributory causes of importance:
Chronic Prostatitis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn</u>
	13. NAME <u>Mrs. Hall</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Elizabeth Walls</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Lizzie A. Hall</u> <u>Springfield, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Sage Wood Cemetery</u> <u>11/14</u> 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>W. H. Linger & Co.</u> <u>Springfield, Mo.</u>
20. FILED <u>11-14</u> 19 <u>32</u> <u>Ralph W. Langston</u> Registrar	

Name of operation 137 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? No
If so, specify Chronic Prostatitis
(Signed) W. Max Jitch M. D.
(Address) Springfield Mo

