

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

Do not use this space.

35445

1. PLACE OF DEATH
 County Green Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. Baptist Hospital)
2. FULL NAME
 (a) Residence, No. Salena Mo 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.

File No.
 Registered No. 833
 St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAN (OR) WIFE Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>5</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 125

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 136

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stark Co Mo 1

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME

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

17. INFORMANT Mrs Grace Whitehead
 (ADDRESS) Salena, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salena DATE 12-7-32

19. UNDERTAKER (ADDRESS) Salena

20. FILED 11-30 1932 Ralph W. Engstrom Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 26 1932 to Nov 30 1932
 I last saw him alive on Nov 24 1932 Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial from
of valvular hypertrophy
 Other contributory causes of importance:
1932 1
 Name of operation Angioplasty 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) James E. Hurry 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.

JAN 9 1933

