

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

Do not use this space.

1. PLACE OF DEATH

39 County Greene
3 Township
5 City Springfield (No. 604 W. Mt. Vernon)

Registration District No. 318
Primary Registration District No. 2001

File No. 39232
Registered No. 839 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 604 W. Mt. Vernon St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/30/1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
0 0 3 0 0

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Child
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) Springfield Mo

13. NAME Sister Clarence Coble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo

15. MAIDEN NAME Genevieve Fortner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo

17. INFORMANT (ADDRESS) J. P. Coble Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 12/3/32 1932

19. UNDERTAKER (ADDRESS) W. J. Moran Ash Grove Mo

20. FILED 13-3 1932 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1932 to 12/2/32 1932
I last saw him alive on Jan 2 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Acute myocardial infarction Date of onset 12-31

Cocaine

1198 114

Other contributory causes of importance: High temperature

Name of operation _____ 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 gun
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. P. Moran, M. D.

(Address) _____

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 23 1933

MARGIN RESERVE) FOR BINDING

V. NO. 2

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