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

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

Do not use this space.

39273

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township — Primary Registration District No. 2001 — Registered No. 896

5 City Springfield (No. 864 S Douglas St. Ward)

2. FULL NAME Edward Gene Mack

(a) Residence, No. ~~864 S. Douglas~~ Ward. Fordland Mo
(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: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 28 - 1928

7. AGE: YEARS 3 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Fordland Mo.

FATHER

13. NAME: Steve Mack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fordland Mo.

MOTHER

15. MAIDEN NAME: Pansy Lea
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fordland Mo.

17. INFORMANT (ADDRESS): Willard Savage Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fordland DATE 12-19-1932

19. UNDERTAKER (ADDRESS): Starr Funeral Home Fordland Mo.

20. FILED 12/18 1932 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Dec 17, 1932

I last saw him alive on Dec 17, 1932. Death is said to have occurred on the date stated above, at 7a m.

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

	Date of onset
Extensive third degree Burn	Nov 15 32
181	

Other contributory causes of importance:

(1)

Name of operation: none — 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? Accident — Date of injury 11/15 1932

Where did injury occur? At his home. Fordland Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury: Stove fell over on him

Nature of injury: Extensive 3rd degree Burn

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert F Williams, M. D.

(Address) Springfield Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 318 File No. .....

Township ..... Primary Registration District No. 2001 Registered No. 896

City Springfield (No. ....., ... St. ..... Ward)

2. FULL NAME Edward Gene Mack

(a) Residence, No. ..... 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

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

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

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)

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED Feb. 13, 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

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

	Date of onset
Extension third	
Dense burn	
	18

Other contributory causes of importance:

house did not burn

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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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.

stove fell over on him

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

SUPPLEMENTARY

N.B. — [illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CA[illegible] in plain terms, so that it may be properly classified. [illegible] statement of OCCUPATION is very important.

REC[illegible] SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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