

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

Do not use this space.

39816

1. PLACE OF DEATH

County Deane Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. Springfield Baptist Hospital)

File No. _____
Registered No. 856-a
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 525 S. New St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) April 14, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7 23

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) Springfield, Mo. (STATE OR COUNTRY) _____

13. NAME William R. Criswell

14. BIRTHPLACE (CITY OR TOWN) Erecton (STATE OR COUNTRY) Deane Co. Mo.

15. MAIDEN NAME Clara Elizabeth King

16. BIRTHPLACE (CITY OR TOWN) Dall Co. Mo. (STATE OR COUNTRY) _____

17. INFORMANT William R. Criswell (ADDRESS) Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Dec 9 1932

19. UNDERTAKER Barker & Wheeler (ADDRESS) Everson Mo.

20. FILED 1-21 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1932

22. I do HEREBY CERTIFY, That I certified deceased from Dec 6th 1932 to Dec 7th 1932

I last saw her alive on Dec 7th 1932. Death is said to have occurred on the date stated above, at 2 P. m.

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

Streptococcus sub-glottic edema
107A
36
2105A 107A
Other contributory causes of importance:
broncho pneumonia
cardiac failure (D) Date of onset _____

Name of operation Tracheostomy Date of 12/7/32

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 _____, 1932

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) W. H. Barker, 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.

