

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

Do not use this space.

979

1. PLACE OF DEATH

39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2007
 City Springfield (No. Baptist Hospital) St. _____ Ward _____

File No. _____
 Registered No. 19

2. FULL NAME

(a) Residence, No. Greenfield 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 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) Apr 9 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 8 25

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) Dade Co.

FATHER 13. NAME Fred C Jones

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

MOTHER 15. MAIDEN NAME Grace Jones

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

17. INFORMANT Fred C Jones
 (ADDRESS) Everson R #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield DATE Jan 5 1933

19. UNDERTAKER Edward
 (ADDRESS) Greenfield mo.

20. FILED 1-4 1933 Ralph W. Tang
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933, 19____
 I last saw him alive on Jan 4 1933 Death is said to have occurred on the date stated above, at 11 P m.

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

accident
epidemic
 Other contributory causes of importance: 12-18 1-31
 Date of onset _____

Name of operation Amputation Date of Jan 4 1933
 What test confirmed diagnosis? gross 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) E. W. Orphan, M. D.
 (Address) Springfield Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

