

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

Do not use this space.

980

**1. PLACE OF DEATH**

County Greene Registration District No. 319  
 Township \_\_\_\_\_ Primary Registration District No. 2001  
 City Springfield (No. Baptist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fleetwood Herbert  
 (a) Residence, No. Wheatland, Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
54 3 26

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

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) Wheatland Mo.

13. NAME F. O. Herbert

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

15. MAIDEN NAME Catherine Bachner

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

17. INFORMANT (ADDRESS) Ada Herbert  
Wheatland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermitage DATE 1-7-1933

19. UNDERTAKER (ADDRESS) J. R. Tucky  
Wheatland, Mo.

20. FILED 1-5-1933 Ralph W. Langford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 2, 1933, to Jan 5, 1933.  
 I last saw him alive on Jan 5, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Fractured skull  
188

Other contributory causes of importance: 188

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 1-7-1933  
 Where did injury occur? in field about 2 mi. from home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Supposed to be killed on head  
 Manner of injury straggled to home, unconscious  
 Nature of injury fractured on head

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) Alles Smith M. D.  
Springfield Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK... THIS IS 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.

