

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

Do not use this space.

Dr. Walter Smith
985

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Town Springfield, Mo. Primary Registration District No. 2091 Registered No. 27
 City Springfield, Mo. 1418 E. McDaniel St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1418 E. McDaniel Ward. _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1933

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lydian L.

22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1933, to Jan 7, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28-1867

I last saw him alive on Jan 7, 1933 Death is said to have occurred on the date stated above, at 2 A.M.

7. AGE YEARS 65 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

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

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

apoplexy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date of onset

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: glauc

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Jacob F. Zimmerman

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Anna Ritchie

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Mrs. Lydia L. Zimmerman

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Jan 9, 1933

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

19. UNDERTAKER Mrs. Zimmerman

Manner of injury _____

20. FILED Jan 7, 1933 Alph W. Harrison Registrar.

Nature of injury _____

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

If so, specify _____

(Signed) Walter Smith, 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

