

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

Do not use this space.

5378

1. PLACE OF DEATH

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County Greene
Township Springfield
City Springfield (No. 987)

Registration District No. 318
Primary Registration District No. 7001
Johnston

File No. _____
Registered No. 137
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 987 Johnston 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Walter F. Smith</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30-1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wifes</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>			
10. Date deceased last worked at this occupation (month and year) <u>Feb 10 1933</u>		11. Total time (years) spent in this occupation <u>17 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>				
MOTHER FATHER	13. NAME <u>James C. Fetter</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>A. Can.</u>			
	15. MAIDEN NAME <u>Mary Jane Gray</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Walter F. Smith Springfield, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Memorial Park Cemetery Feb 15 1933</u>				
19. UNDERTAKER (ADDRESS) <u>J. W. Kingner & Co. Springfield, Mo.</u>				
20. FILED <u>2 13 33</u> 19 <u>33</u> <u>Ralph C. Langdon</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10- 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1933 to 2-10- 1933

I last saw him alive on 2-10- 1933 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Accidentally fell on my sidewalk striking head on concrete walk causing concussion or fracture of base of skull resulting in death on about 10 hrs.

Date of onset 2-10-33

Other contributory causes of importance:
Death on about 10 hrs.

Name of operation 1860 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 2-10 1933
Where did injury occur? side walk on E. Canal St. Springfield, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped on very sidewalk striking
Nature of injury back of head on walk

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. E. Feller _____, M. D.
(Address) Springfield, Mo.

WHITE PLAIN, 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.

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