

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

Do not use this space.

5415

1. PLACE OF DEATH

County Greene Registration District No. 318
Township S. Campbell Primary Registration District No. 2001
City Springfield (No. 463 S. Main)

File No.
Registered No. 180 St. Ward)

2. FULL NAME

(a) Residence, No. 463 S. Main 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 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 Elizabeth Garoutte
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1858
7. AGE 74 YEARS 2 MONTHS 2 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister
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) Billings Mo.

MOTHER 13. NAME Samuel Garoutte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Sarah Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Mrs O.L. Graybeal 463 S. Main St Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo. DATE Feb 25 1933

19. UNDERTAKER (ADDRESS) Floyd W. Fox 629 W. Walnut St

20. FILED 2-25 1933 Ralph W. Langley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1933
I HEREBY CERTIFY that I attended deceased from Feb 23 1933, to Feb 24 1933
I last saw him alive on Feb 13 1933 Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Other contributory causes of importance: Unknown
Name of operation none Date of
What test confirmed diagnosis? none reported Was there an autopsy? no

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? no
If so, specify
(Signed) Clayton J. Jones, 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 PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

