WRITE PLAINLY, 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.

APR 21 1933

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

Do not use this space.

9161

1. PLACE OF DEATH
39 County Greene — Registration District No. 318 — File No.
3 Township — Primary Registration District No. 2001 — Registered No. 206
5 City Springfield — No. Baptist Hospital — St. — Ward)

2. FULL NAME Benjamin E. Latimer
(a) Residence, No. Springfield Baptist Hospital — St. — Ward — Hartville Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ouley Latimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 - 1883

7. AGE: YEARS 50 — MONTHS 0 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Doctor of Medicine
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): Feb 21-1933
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartville Missouri

FATHER
13. NAME: James M. Latimer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Susan Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Grace Latimer Hartville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hartville DATE 3-4 1933

19. UNDERTAKER (ADDRESS): F. A. Sleffe Mansfield Mo

20. FILED 3-3 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933, to March 3, 1933
I last saw him alive on March 2, 1933. Death is said to have occurred on the date stated above, at 4:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia -	
Broncho -	Feb 20
59	
59	
1013	

Other contributory causes of importance:

Diabetes Mellitus	1920

Name of operation: none — 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? — 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) Guy D. Callaway, M. D.
(Address) Springfield, Mo.