WHITE PLAINLY, WITH UNFADING INKEPTHIS 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.

9179

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 226
City Springfield (No. 2229 N. Campbell St. Ward)

2. FULL NAME Wm Prater Danforth
(a) Residence, No. 2229 N. Campbell 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 Male
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 Almeda Danforth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1858

7. AGE YEARS 74 MONTHS 9 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) about 20 yr ago
11. Total time (years) spent in this occupation ✓

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wm Lee Danforth Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Danforth Cemetery DATE March 17 1933

19. UNDERTAKER (ADDRESS) J. H. Klingner & Co. Springfield Mo.

20. FILED 3-17 1933 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1933 to 3/10, 1933
I last saw him alive on 3/8/33, 19 — Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Lft Side	8/28/33
92A Apoplexy 92A	
92B	
92A	

Other contributory causes of importance: Valvular Heart Lesion

Name of operation 3 None Date of 12/1/30
What test confirmed diagnosis? Clinical 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. F. Freeman, M. D.
(Address) Springfield Mo