

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2901
City Springfield (No. 304 Central)

File No. 16301
Registered No. 430
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1850
7. AGE YEARS 82 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miller (20 yrs)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill
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) N.Y.

MOTHER 13. NAME Abonzo Sibley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Tertrude Bassett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Ernest Smith (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Male Park Cemetery DATE May 28, 1933

19. UNDERTAKER (ADDRESS) W. Klingner & Co., Mo.

20. FILED 5-26-1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to May 25, 1933
I last saw him alive on May 25, 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: cardio vascular disease

Name of operation _____ 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? no
If so, specify _____
(Signed) Lee G. G., M. D.
(Address) 223 1/2 South

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.

JUN 22 1933

MOTHER

39
513

Date of onset

