

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

Do not use this space.

19456

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 200

City Springfield (No. St. Johns Hospital)

File No. _____
Registered No. 474
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. County # 2, Box 158 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 1918

7. AGE YEARS 15 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming 170
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) Springfield Mo.

13. NAME Eligah

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Wilhe Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Marie Elizabeth Barrett

18. BURIAL, CREMATION, OR REMOVAL PLACE Castleton DATE 6/21 1933

19. UNDERTAKER (ADDRESS) German Zimmerman

20. FILED 6-21-1933 Ralph W. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on 6-17 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Injury received from being struck by R.R. train
broken vert. axis almost 7 feet off - fracture
Other contributory causes of importance: _____
170

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? UO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 6-17, 1933
Where did injury occur? Near Keller Station (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury as above
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? UO
If so, specify _____
(Signed) Charles Henry Connor M. D.
(Address) Springfield Mo.

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.

JUL 21 1933

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