

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.

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

Do not use this space.

fillen wa 20

1. PLACE OF DEATH
 39 County Greene Registration District No. 315
 3 Township Springfield Primary Registration District No. 9 mi. E. of City
 5 City Springfield St. Ward
 2. FULL NAME William Allen Waters
 (a) Residence, No. 729 College 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)

File No. 22852
Registered No. _____
St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Otis Truman Waters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 5 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) mansfield mo.
 13. NAME J. O. Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kidron Mo.
 15. MAIDEN NAME Daisy Washburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winton Mo.
 17. INFORMANT (ADDRESS) J. O. Young 1204 N. Wabash
 18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE July 19-35
 19. UNDERTAKER (ADDRESS) Alma Fabmeyer, 1204 N. Wabash Springfield, Mo.
 20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw her dead alive on 7-17, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Basal Skull Fracture -
Cerebral Bleed
result of overturned
car
 Other contributory causes of importance: 210
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7-17, 1935
 Where did injury occur? County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. car report falling off high embankment
 Manner of injury. Automobile Accident while driving
 Nature of injury. as above
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Chas A. George - coroner M.D.
 (Address) Springfield Mo

MO 20 1935

22852

19

3

Date of onset
21

