

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

Do not use this space.

26160

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 7001 Registered No. 587
 5 City Springfield (No. Springfield Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Love Jack Inc 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 42

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Penn.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R. L. Thomas
 (ADDRESS) Love Jack Inc

18. BURIAL, CREMATION, OR REMOVAL PLACE Love Jack Inc DATE Aug 14, 1933

19. UNDERTAKER Fields Undert. Co.
 (ADDRESS) Love Summit Mo

20. FILED 8-14-33 Ralph J. Langston
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-12-33, 1933, to 8-13-33, 1933

I last saw him alive on 8-13-, 1933. Death is said

to have occurred on the date stated above, at _____ m.

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

Direct, following Comp. Corneal Prosth. D. body tumors. I. which also fracture of Pelvis.

Other contributory causes of importance: _____

Name of operation Retrobulbar Enucleation Date of 8-13-33

What test confirmed diagnosis? W. B. J. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 8-12, 1933

Where did injury occur? Highway, 1/2 mi. between Buffalo + Urbana (Specify city or town, county, and State)
 Specify whether injury occurred in _____, in _____, or in public place.

Manner of injury crushed between automobiles while riding a motor cycle

Nature of injury at all times

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. C. Roseberry, M. D.

(Address) Springfield, Mo.

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.

SEP 20 1933

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