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.

OCT 20 1933

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

Do not use this space.

29332

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township S. Campbell — Primary Registration District No. 2001 — Registered No. 637

City Springfield Baptist Hospital — No. ..... St. ..... Ward)

2. FULL NAME Albert Teeters

(a) Residence, No. Mountain Grove, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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: Goldie Nevels Teeters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-14-1902

7. AGE: YEARS 30 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Arkansas

FATHER

13. NAME: William Teeters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER

15. MAIDEN NAME: Martha Lorue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Charley Teeters, Dora, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE 9-10 1933

19. UNDERTAKER (ADDRESS): F. N. Fox, 639 W Walnut

20. FILED 9-9 1933 Ralph W Langston, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933, to Sept 9, 1933

I last saw him alive on Sept 9, 1933. Death is said to have occurred on the date stated above, at 3.9 m.

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

Gen'l Peritonitis — Date of onset Sept 6

(In too great shock to operate)

Other contributory causes of importance: Rupt D. 13 — Duod. Ulcer? — Sept 4

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual — 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wilbur Smith, M. D.

(Address) Springfield Mo.

Dr Walker