

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

Do not use this space.

29350

OCT 20 1933

PLACE OF DEATH

County Greene
Township _____
City Springfield (No. St. Johns Hospital)

Registration District No. 318
Primary Registration District No. 2991

File No. _____
Registered No. 658 (Ward _____)

2. FULL NAME

(a) Residence, No. 22 55 11 North Boulevard 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1896

7. AGE YEARS 37 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. meter repair Springfield, Mo.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Co.

10. Date deceased last worked at this occupation (month and year) Dec 15 - 1933 11. Total time (years) spent in this occupation 12 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Alvin Wickersham

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

15. MAIDEN NAME Dora Mays

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

17. INFORMANT Stella Wickersham (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn cemetery DATE Sept 17 1933

19. UNDERTAKER (ADDRESS) J. W. Hughes, Co. Springfield, Mo.

20. FILED 9-17-33 R. Replew Tangen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him dead alive on 9-15-1933 Death is said to have occurred on the date stated above, at 12:00 p m.

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

Beams from gas explosion caused by leaks from natural gas lines in meter room at US Gov Hospital

Other contributory causes of importance:

181 181 91

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? accident Date of injury 9-15, 1933
Where did injury occur? Springfield, Mo. - in (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Beams by gas explosion
Nature of injury Extrem members & body lacerated

Was disease or injury in any way related to occupation of deceased? Yes
If so, specify inspecting water meters in room at US Gov Hospital, light caused explosion
(Signed) Alvin W. Connor, 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.

WHILE TAKING UP WITH ON-READING THIS IS A PERMANENT RECORD

