

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

Do not use this space.

Dr. B. J. Howell
777

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. 2247 Howard St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2247 Howard 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 Alice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 7 | 13

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

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) Danvershire
Mo.

13. NAME David Diggers

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

15. MAIDEN NAME _____

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

17. INFORMANT Clyde T. Diggers - Son
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Talks Park Ref. DATE Oct. 16 - 1933

19. UNDERTAKER Alma LaFayette Dana
(ADDRESS) Springfield, Mo.

20. FILED 10-16-1933 Ralph W. Langston
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 15, 1933

I last saw him alive on Oct 15, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Coronary Thrombosis Sept. 27, '33
Myocardial Infarct

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? _____ 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) R. M. Reagan M. D.
(Address) 123 N. Main, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

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