

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

Do not use this space.

36239

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township Springfield, Mo.

Primary Registration District No. 2001

City Springfield, Mo.

St. Mo. Ward Springfield Baptist Hospital

**2. FULL NAME**

(a) Residence, No. Clever, Mo. St. Mo.

Ward Springfield, Mo.  
(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) March 18-1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	16	8	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>student</u>
	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) Mo.

MOTHER FATHER 13. NAME Lem Butler

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

MOTHER 15. MAIDEN NAME Delphia Short

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

17. INFORMANT Mrs. Lore Deulin (ADDRESS) Sparta, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Nov. 21-1933

19. UNDERTAKER J. W. Maples (ADDRESS) Clever, Mo.

20. FILED 17-21-1933 Ralph Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him in death on 11-20, 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Fracture of Skull

210M

Other contributory causes of importance: 210

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-20, 1933

Where did injury occur? Chautauque Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile struck over a tree

Nature of injury Skull Fracture

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

If so, specify Class A George Cross

(Signed) James L. ...

(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.

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

1933

