

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

Do not use this space.

6245

1. PLACE OF DEATH

County Springfield Registration District No. 318 File No. 8-0  
Township Springfield Registration District No. 2001 Registered No. 8-0  
City Springfield (2611 East Ave) St. Ward (Ward)

2. FULL NAME

(a) Residence, No. 2611 East Ave St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OF RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 yrs. 3 mos. 3 da.

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. ✓

10. Date deceased last worked at this occupation (month and year) 11-22-33

11. Total time (years) spent in this occupation 3

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

13. NAME Bonnie Wheeler

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

15. MAIDEN NAME Beulah Glove

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

17. INFORMANT Bonnie Wheeler (ADDRESS) Springfield, Mo

18. BURIAL PLACES (NAME OF PLACE) (ADDRESS) (CITY OR TOWN) (STATE OR COUNTRY) (DATE) Springfield, Mo Nov 24 1933

19. UNDERTAKER (ADDRESS) W. T. Walsh Springfield, Mo

20. FILED 11-24-33 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 2:30 am 11-22 33, 1933, to 4:30 am 11-22 33, 1933. I last saw him alive on 11-22 33, 1933. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Premature Birth  
160B (6 1/2 mo)  
159  
Other contributory causes of importance: Dystocia

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? ✓ Date of injury ✓, 1933  
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? ✓  
If so, specify W. T. Walsh, M. D.  
(Signed) W. T. Walsh (Address) Springfield, Mo

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.

JAN 4 1934

