

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.

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

Do not use this space.

39733

1. PLACE OF DEATH

County *Greene*Township *Springfield*City *Springfield*Registration District No. *318*Primary Registration District No. *7891*

File No. _____

Registered No. *861*

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. *207 1/2 S. Market*

(Usual place of abode)

Joseph Warren Latimer

Ward. _____

(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

Francis Latimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 8 - 1855

7. AGE

YEARS

78

MONTHS

DAYS

10

If LESS than 1 day, _____ hrs. or _____ min.

28

OCCUPATION

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

Hotel operator

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

Hotel

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.

FATHER

13. NAME

Howe Latimer

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

Levan

MOTHER

15. MAIDEN NAME

Sarah Black

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

Levan

17. INFORMANT (ADDRESS)

Foster Latimer Springfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Green Lawn Cemetery*DATE *Dec 9*

1933

19. UNDERTAKER (ADDRESS)

*Winkler & Co. Springfield, Mo.*20. FILED *12-7*

1933

Ralph W. Baughman Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-6-1933*22. I HEREBY CERTIFY, That I attended deceased from *11-25-1933* to *12-6-1933*I last saw him alive on *12-6-1933* Death is saidto have occurred on the date stated above, at *9:45 pm*.

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

*Prostate's Hypertrophy**137**936**12-6-1933*

Other contributory causes of importance:

*myocarditis chronic**137**936**12-6-1933*Name of operation *cytostomy* Date of *12-3-33*What test confirmed diagnosis *Examination* 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) *Ralph W. Baughman*, M. D.(Address) *700 med art Bldg Springfield Mo*

