

MAR 24 1934

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

Do not use this space. ✓

4597

27

## 1. PLACE OF DEATH

County *Greene*Registration District No. *318*

Township

Primary Registration District No. *2001*City *Springfield, Mo.* (No. *1619*)*Fremont*

File No.

Registered No.

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 26 1920*

7. AGE - YEARS <i>13</i>	MONTHS <i>10</i>	DAYS <i>21</i>	IF LESS than 1 day, ..... hrs. or ..... min. <i>2 1/2</i>
-----------------------------	---------------------	-------------------	--

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. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co. Missouri*13. NAME *Taylor Webb*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co. Missouri*15. MAIDEN NAME *Jennie Beatie*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Co. Missouri*17. INFORMANT *Adrian Webb*  
(ADDRESS) *Monroe St. Spfg. Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Palmetto Cem.* DATE *Feb. 19 1934*19. UNDERTAKER *Nelley and Ferrell*  
(ADDRESS) *Rogersville, Mo.*20. FILED *2-19* *Missouri State Board of Health*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 17 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 13 1934*, to *Feb. 17 1934*I last saw him alive on *Feb 17 1934*. Death is saidto have occurred on the date stated above, at *10:30 a.m.*

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

*Ulcers - Membranous Tonsillitis  
of Vincent's Infection &  
(Angrene)*

*Other contributory causes of importance:  
Toxic Absorption & Cardiac  
poisoning.*

Date of onset

Name of operation *none* 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 \_\_\_\_\_, 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 *Miss. Burse*  
(Signed) \_\_\_\_\_, 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.

