

MAR 24 1934

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

Do not use this space.

4615 George

File No. 42
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo.

2. FULL NAME

(a) Residence, No. 749 S. Glenstone 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 Gloria E. Straley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 1

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Painter, Trisco

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

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) Decatur Ga13. NAME Robert J. Straley

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

15. MAIDEN NAME Catherine Shoup

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

17. INFORMANT Miss Gloria E. Straley (ADDRESS) 749 S. Glenstone

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Park Burial DATE 2-24-34

19. UNDERTAKER Alma J. Bennett (ADDRESS) Springfield Mo20. FILED 2-26 1934 Springfield Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on 2-22-34. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

94B
Coronary Sclerosis
MI
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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) Oliver George Conner 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.

39
25.11

70

2

51

51

