

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

Do not use this space.

No. *855970*

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township *Wright* Primary Registration District No. *2001*
City *Springfield* No. *100* *in osteopathic clinic* Ward

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/5/1934*

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 4 - 1934*

I last saw her alive on *9/5*, 19____. Death is said to have occurred on the date stated above, at *3:30 a.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day _____ hrs. _____ min.

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

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

Born at 7 months - viable - long labor without intervention - breech presentation - necessary Caesarian Section to save life of mother.

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

Other contributory causes of importance: *1607*

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*

Name of operation *Caesarian* Date of _____

13. NAME *William Herbert*

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME *Angel Brown*

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

17. INFORMANT (ADDRESS) *Dr. M. W. King*

18. BURIAL, CREMATION OR REMOVAL (ADDRESS) *Springfield*

19. UNDER TAKE (ADDRESS) *Springfield*

20. FILED *3-6* 19*34* *W. H. King* Registrar

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? If so, specify _____

(Signed) *T. M. King D.C.*

(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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

