

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.
 8631
Dr. Busch

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township

Primary Registration District No. *2001*

City *Springfield, Mo.*

1721 E. High

File No. *119*

Registered No.

St. _____ Ward)

2. FULL NAME

(a) Residence, No. *1721 E. High 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 8 - 1921*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 8 24

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

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) *Springfield Missouri*

13. NAME *Herman Dussaway*

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

15. MAIDEN NAME *Mable Alsop*

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

17. INFORMANT (ADDRESS) *Herman Dussaway Father 1721 E. High*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *4th Mt. Nat. Burial March 30 1934*

19. UNDERTAKER (ADDRESS) *Alma S. Hughes Springfield, Mo.*

20. FILED *3-30* 1934 *St. Louis* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 29 1934*

22. I HEREBY CERTIFY, That I attended deceased from *3-22* 1934, to *3-29* 1934

I last saw her alive on *3-29* 1934. Death is said to have occurred on the date stated above, at *4³⁰* a.m.

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

Lobar Pneumonia Date of onset *3-22*
Pleurisy *3-20*
Empyema *3-22*
Pericarditis *3-22*
108
1108
705

Other contributory causes of importance

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 _____, 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) *Arthur Busch* M. D.

(Address) *Springfield, Mo.*

