

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.

MAY 25 1934

1. PLACE OF DEATH

County Moine Registration District No. 318

Township Castell Primary Registration District No. 7001

City Springfield, Mo. No. St. Johns Hospital

File No. 12534
Registered No. 153
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 432 W. Lincoln St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 7 14

OCCUPATION
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. Child
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

MOTHER FATHER
13. NAME J. E. Andrews

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

15. MAIDEN NAME Lena Andrews

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

17. INFORMANT (ADDRESS) Mrs. J. E. Andrews

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Hospital DATE April 9, 1934

19. UNDERTAKER (ADDRESS) Floyd W. Hill

20. FILED 4/7 1934 Ralph W. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1934, to 4-7, 1934
I last saw him alive on 4-6, 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Appendicitis (gangrenous)
Phlebotomia (general)

Date of onset 2-23-34
2-24-34

Other contributory causes of importance: 12/2

Name of operation Appendectomy Date of 2-24-34
What test confirmed diagnosis? _____ 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) Urban B. Bussell, M. D.
(Address) Springfield, Mo.

