

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.

20146

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township Springfield, Mo.Primary Registration District No. 2001City Springfield, Mo. No. 630St. So. Newton

St.

Ward)

2. FULL NAME

(a) Residence, No. 630 So. Newton

St.

Ward.

Length of residence in city or town where death occurred 16 yrs.

mos.

da.

How long in U. S., if of foreign birth? 49 yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

Unknown 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

69??

OCCUPATION

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

Farmer Retired

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)

Germany

FATHER

13. NAME

Unknown

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

George Mery 631 So. Newton Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE East LawnDATE July 3

1934

19. UNDERTAKER (ADDRESS)

F. C. Thieme Springfield, Mo.

20. FILED

1-3

19

34NewtonMo.Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 30, 1934

I HEREBY CERTIFY That I attended deceased from

June 12, 1934, to June 30, 1934I last saw him alive on June 30, 1934 Death is saidto have occurred on the date stated above, at 8 P. m.

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

Date of onset

① Chronic Cardio-Vascular Renal Disease

② Myocardial Failure

Other contributory causes of importance: (Chronic) 131 93C AME

Name of operation

Date of

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

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)

E. P. Sartorius, M. D.

(Address)

214 So. Jefferson

JUL 13 1934

