

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

Do not use this space.

20148

305

1. PLACE OF DEATH

County Strom

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield

(No. 1415 W Florida)

File No. 305

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1415 W Florida 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 - 1933</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>5</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Orah L. Noblitt</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Mary E Pratt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>
17. INFORMANT (ADDRESS) <u>Orah L. Noblitt</u> <u>1415 W Florida St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville Mo</u> DATE <u>July 1</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>J. W. Klingman</u> <u>Springfield Mo</u>	
20. FILED <u>6-30</u> 19 <u>34</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to June 30, 1934

I last saw him alive on June 30, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Summer Parotid

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Cholera? 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 _____, 1934

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) M. P. Edmondson, M. D.

(Address) 115 1/2 Alley St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

St. W. Beck