

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.

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County GreenRegistration District No. 318

Township

Primary Registration District No. 2001

City

Springfield, Mo. Bunge HospitalFile No. 24154-HRegistered No. 254

St.

Ward

2. FULL NAME

(a) Residence, No. 1315 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 0 yrs. 0 mos. 0 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)

Baby

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

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

July 16 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 22 hrs. or min.

000

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.

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 Mo

FATHER

13. NAME

Charlie Howe

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

Noel Mo

MOTHER

15. MAIDEN NAME

Minnie E. Thorpe

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

Brighton Mo

17. INFORMANT (ADDRESS)

E. Marie R. Howe 1518 W. Florida St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greenlawn

DATE

July 17, 1934

19. UNDERTAKER (ADDRESS)

F. C. Thierges Springfield, Mo.

20. FILED

7-17-1934Ch. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 17 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 17 1934 to July 17 1934I last saw him alive on July 17 1934 Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

Prematurity

Date of onset

Other contributory causes of importance:

Placenta previa in mother

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

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)

(Address)

M. D.

