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.

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

Do not use this space.

28941

SEP 18 1934

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2004
City Springfield Mo. — St. John's Hospital — St. — Ward)
File No. 405 Fred Dr. Farthing Medical Arts Bldg
Registered No.

2. FULL NAME Fred Cather
(a) Residence, No. 851 W. Grant 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28-1881

7. AGE: YEARS 52 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodruff Bldg.
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) Jasper Mo.

FATHER
13. NAME Henry Cather
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Eve Purcell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Blanch Cather Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Earthlawn DATE Aug 9 1934

19. UNDERTAKER (ADDRESS) Alma Lakmeyer Springfield Mo.

20. FILED Aug 8 1934 ~~[illegible]~~ Registrar
Walter Langston

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Aug 7, 1934
I last saw him alive on Aug 7 1934. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	7/10/34

951

95 [illegible]

Other contributory causes of importance:

none

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) Fred R. Farthing M. D.
(Address) 500 Medical Arts Bldg Springfield, Mo.