

SEP 11 1934

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

Do not use this space.

28960

## 1. PLACE OF DEATH

County GreeneRegistration District No. 3, 8

File No. ....

Township .....

Primary Registration District No. 2, 0, 1Registered No. 276City Springfield, Mo.Seymour, Mo.St. Johns Ward)

## 2. FULL NAME

(a) Residence, No. W. Dean Spock Seymour, Mo. 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.

2 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)

Child

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

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

Jan 5 1931

7. AGE

YEARS

MONTHS

DAYS

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

369

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)

Seymour Mo

FATHER

13. NAME

Walter Spock

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

Seymour Mo

MOTHER

15. MAIDEN NAME

Eva Goss

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

Cedar Gap Mo

17. INFORMANT (ADDRESS)

Walter Spock  
Mansfield Mo R3

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newton Seymour Mo DATE Aug 16 1934

19. UNDERTAKER (ADDRESS)

Fred C. Thieme  
Springfield Mo

20. FILED

8-16-34 Newton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 13 1934 to Aug 14 1934I last saw him alive on Aug 14 1934 Death is saidto have occurred on the date stated above, at 6:30 P. m.

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

Diphtheria

Date of onset

Aug July 24/34

Other contributory causes of importance:

ToxemiaAug 7/34Name of operation None 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 ....., 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?

If so, specify .....

(Signed) J. Branton M. D.(Address) Springfield Mo

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.

