

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

Do not use this space.

NOV 14 1934

35740  
573

**1. PLACE OF DEATH**

3) County Greene Registration District No. 1318  
 Township Springfield Primary Registration District No. 5440  
 City Springfield, Mo. (No. Rt. 8) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Rt. 8 S. \_\_\_\_\_ 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5 - 1867</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>	DAYS <u>15</u>	IF LESS THAN 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayetteville Ark</u>			
	13. NAME <u>John Super</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mrs. Ella Super</u> (ADDRESS) <u>Springfield Mo Rt 8</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopwood</u> DATE <u>Oct 22, 1934</u>				
19. UNDERTAKER <u>Alma Tompkins</u> (ADDRESS) <u>Springfield Mo</u>				
20. FILED <u>10-22</u> , 19 <u>34</u> <u>Springfield Mo</u>				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934, to Oct 20, 1934.  
 I last saw him alive on Oct 20, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Angina Pectoris Date of onset July 25, 1934  
94 yr  
 Other contributory causes of importance:  
Coronary Sclerosis July 31, 1934

Name of operation None 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Robert J. Williams, 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.

