

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 write 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.

35748

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield (No. 217 E. Calhoun)

File No. 512

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 217 E. Calhoun 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 17
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) Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Maud M... 217 E. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE 10-25-1934

19. UNDERTAKER (ADDRESS) German Bohmeyer Springfield, Mo

20. FILED 10-24-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1934, to Oct 22nd, 1934
I last saw him live on Oct 22nd, 1934 Death is said to have occurred on the date stated above, at about seven A.M.
The principal cause of death and related causes of importance were as follows:

Metastasis of Liver
Cystic Right Kidney
Date of onset unknown

Other contributory causes of importance:
1246
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) U. Louise Bennett, M.D.
(Address) 504-06 Sanders Bldg

