

OCT 30 1934

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

Do not use this space.

35761

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 209

File No. 498
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Brighton Mo. St. Ward _____

(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>Pearl Kline</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 - 1890</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>
	DAYS <u>13</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>trimmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Frisco shops</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation. <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	13. NAME <u>J. J. Kline</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Martha Couch</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	17. INFORMANT <u>Wilkie King</u>	
	(ADDRESS) <u>Springfield, Mo.</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Funerary</u> DATE <u>Oct 16</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>F. W. Kingrey & Co., Springfield, Mo.</u>		
20. FILED <u>10-14</u> 19 <u>34</u> <u>Springfield</u>		

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7 1934, to October 13 1934
I last saw him alive on Oct 13 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
myocarditis chronic
Aortic Stenosis

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) G. M. Powell, 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.

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W. H. Kingrey & Co.
Springfield, Mo.

