

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.

JAN 2 1935

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

Do not use this space.

42600

593

1. PLACE OF DEATH

County Greene

Registration District No. 3/8

File No. 593

Township Springfield

Primary Registration District No. 10001

Registered No. _____

City Springfield (No. 1118)

Prospect

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1118 Prospect 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

27. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1934, to Dec. 7, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1865

I last saw h.p.m. alive on Dec. 7, 1934 Death is said

7. AGE YEARS 68 MONTHS 11 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 12:20 p.m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman

Bronchial Pneumonia // 28-34
Myocarditis with Pericardial Effusion 12-1-34

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Store

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James M. Dishman

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

15. MAIDEN NAME Harriett Piper

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

17. INFORMANT (ADDRESS) R. G. Dishman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Memorial Park Cemetery Dec 9, 1934

19. UNDERTAKER (ADDRESS) F. W. Ingwers, Co., Springfield, Mo.

20. FILED 12-8, 1934

Name of operation _____ Date of _____

What test confirmed diagnosis? Path. Exam. 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? No

If so, specify _____ (Signed) _____, M. D.

Springfield, Mo.

