

JAN 1 2 1935

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

Do not use this space.

42652

1. PLACE OF DEATH

County Greene Registration District No. 38  
Township Springfield Primary Registration District No. 207  
City Springfield (No. Manumt Hotel) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 647  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Madison Del. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 26, 1934

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

I last saw him alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 9 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 60

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. Kolt 127E

Came to Fed. Seaman Shelter Dec 14-34 with a badly infected and draining wound of abdomen following gas bladder operation done at this place. He continued to bleed and had chills.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caddy 114E

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_ 104E

Other contributory causes of importance: Dec 15th at his home Coughing Cough Abdominal Disturbance Dec 21 and the resultant hemorrhage and died Dec 26 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Del.

13. NAME Madison

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) Manumt Hotel Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 12/27 1934

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED 12-27 1934

Name of operation Gas bladder Date of operation Dec 19 34  
What test confirmed diagnosis? Gas bladder 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 \_\_\_\_\_, 1934

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

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) Robert J. Williams, M. D.  
(Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

