

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

Do not use this space.

FEB 25 1935

957

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. 447) W. Poplar St. _____ Ward _____

File No. _____
 Registered No. 34
 St. _____ Ward _____

2. FULL NAME

James Howard Storms
 (a) Residence No. 447 Poplar (W.) St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. 0 mos. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 0 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Junior High School

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ma.

13. NAME P. R. Storms

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Indiana

15. MAIDEN NAME Ida Merriman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Home Ark.

17. INFORMANT (ADDRESS) Mr. W. Campbell 447 W. Poplar

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Jan. 29, 1935

19. UNDERTAKER (ADDRESS) F. C. Whipple Springfield, Mo.

20. FILED 1-24-35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1935

I HEREBY CERTIFY That I attended deceased from Jan 2 1935 to Jan 29 1935
 I last saw him alive on Jan 28, 1935 Death is said

to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

Spinal-Meningitis Date of onset Jan. 22, 1935
Streptococcus

Other contributory causes of importance:

La grippe
Septic sore throat

Name of operation _____ Date of _____
 What test confirmed diagnosis? lab 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) E. Loyd Asturigh, M. D.
 (Address) 214 1/2 W. Jefferson

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.

