

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

Do not use this space.

MAR 25 1935

5059

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 5439
City Springfield (No. Springfield Route I)

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

William R. Israel
(a) Residence, No. Springfield R. I St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 9 mos. 29 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>Mr. Alice Israel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1873</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>
		DAYS <u>29</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Springfield Mo.</u>		
FATHER	13. NAME <u>J. A. F. Israel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Butler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville Tenn</u>	
17. INFORMANT <u>F. C. Thiem</u> (ADDRESS) <u>1100 Boonville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Comfort</u> DATE <u>Feb 27 1935</u>		
19. UNDERTAKER <u>F. C. Thiem</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>2-27 1935</u> <u>R. W. Fangator</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1935

22. HEREBY CERTIFY, That I attended deceased from 2/18, 1935, to 2/25, 1935
I last saw him alive on 2/25, 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 2/18/35

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? None 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?
If so, specify _____
(Signed) W. Max J. Stiles, M. D.
(Address) Springfield Mo.

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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