

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

Do not use this space.

5068

MAR 25 1935

**1. PLACE OF DEATH**

County Greene Registration District No. 823  
 Township Morris Primary Registration District No. 5448  
 City Springfield, Mo. (No. Willard, Mo. No. 12) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Willard, Mo. R. 2 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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1931

7. AGE - YEARS MONTHS DAYS, If LESS than 1 day, . . . hrs. or . . . min.  
0 0 0 0 11 hrs. 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Willard Mo

FATHER 13. NAME Ernest C. Loggin

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

MOTHER 15. MAIDEN NAME Ada Anne Sherman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loiz City Iowa

17. INFORMANT (ADDRESS) Ernest P. Loggin Willard Mo

18. BURIAL, CREMATION, OR REMOVAL - PLACE Clear Creek DATE Feb 12 1935

19. UNDERTAKER (ADDRESS) F. C. Thieine Springfield Mo

20. FILED Mar. 3, 1935 W. R. Ralph Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1935 to 2/12 - 35, 1935.  
 I last saw her alive on 2/10 1935 Death is said to have occurred on the date stated above, at 1:45 p. m.  
 The principal cause of death and related causes of importance were as follows:

Extra Cranium  
Physician thru  
Birth Canal  
 Date of onset 16  
 Other contributory causes of importance:  
mesopneum. cord!  
abrupt neck  
strangled

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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 thru birth Canal  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify R. T. Frunion M. D.  
 (Signed) \_\_\_\_\_ (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.

WHITE CORNETT WITH OBTAINING THIS IS A PERMANENT RECORD

