

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

Do not use this space.

Dr. C. B. Wilkins
8814
175

APR 7 1935

1. PLACE OF DEATH

County Greene Registration District No. 318
Township 1 Primary Registration District No. 2001
City Springfield Mo 900 S. Fremont St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. 900 S. Fremont 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1935

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

22. I HEREBY CERTIFY, That I attended deceased from about 1932 to Mar 24, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1846

I last saw him alive on Mar 24, 1935. Death is said to have occurred on the date stated above, at 11:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 10 23

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

Diabetes Mellitus
Chronic Myocarditis
Dementia from vascular pathology

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

Other contributory causes of importance:

59

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Brockmeyer

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

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)

15. MAIDEN NAME unknown

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Otto Meyer (Wife)
Springfield Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE March 26 1935

19. UNDERTAKER (ADDRESS) Anna J. Meyer
Springfield Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. B. Wilkins M. D.

20. FILED 3-25, 1935 Registrar O. W. Johnston

318 1/2 College St

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.

