

JUN 13 1935

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

Do not use this space

*Dr. Arthur
116-138-111*

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2901
City Springfield Mo. Burge Hospital St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. 10043. Glenstone Ward.

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1899

7. AGE YEARS 35 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheels Maker
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) Rising Mo.

FATHER 13. NAME Frank Roberson

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

MOTHER 15. MAIDEN NAME Maudie Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Pa

17. INFORMANT Mrs. Rex Roberson (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE May 7, 1935

19. UNDERTAKER Edna Schreyer (ADDRESS) Springfield Mo

20. FILED 5-16 1935 Registrar Arthur S. Knapp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1935 to May 5, 1935. I last saw him alive on May 5, 1935. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Broncho pneumonia 5/2/35
Influenza 4/27/35
Otitis media (right) 4/27

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Arthur S. Knapp, M. D.

(Address) 450 1/2 E. Conil

N. E.—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.

