

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.

JUN 20 1935

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

Do not use this space.

Dr. Callaway
16200

1. PLACE OF DEATH

County Greene Registration District No. 318
Township 5 Primary Registration District No. 202
City Springfield, Mo. St. Johns Hospital Registered No. 166
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Petersburgh Sta. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1892

7. AGE YEARS 43 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Hotel man
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) Morocco, Mo.

13. NAME Albert Squires

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

15. MAIDEN NAME Alise Welsh

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

17. INFORMANT Mrs. Blancher Slaughter
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 1935

19. UNDERTAKER Alma La Meyer
(ADDRESS) Springfield, Mo.

20. FILED 6/11/35 W. H. Vaughan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to May 31, 1935

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 9 a. m.

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

Arteriosclerosis about 1912
Embolic from plaque on aorta to brain
1915

Other contributory causes of importance: _____

non
Embolic from plaque on aorta to brain

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

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) Dr. Callaway M. D.

(Address) Springfield, Mo.

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