

WRITE PLAINLY, WITH UNFADING INK. THIS IS VERY IMPORTANT.

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.

JUL 22 1935

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

Do not use this space.

19452

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. Baptist Hospital)

File No. _____
Registered No. 199
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Ukland, Mo.
(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 <u>F</u>	4. COLOR OR RACE <u>W</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>Floyd Austin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1906</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>11</u>
	DAYS <u>22</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>House/keeper</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Greene Co. Mo.

FATHER
13. NAME Ellis Highfill

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

MOTHER
15. MAIDEN NAME Emma Stokes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Greene Co Mo.

17. INFORMANT (ADDRESS)
Floyd Austin Ukland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Union mound DATE 6-11 1935

19. UNDERTAKER (ADDRESS)
H. B. [unclear] Buffalo Mo.

20. FILED 6-11 1935 R. W. [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-4 1935 to 6-11 1935

I last saw him alive on 6-11 1935 Death is said to have occurred on the date stated above, at 6 p.m.

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

Acute yellow atrophy of liver and acute nephritis with pregnancy
Date of onset _____

Other contributory causes of importance:
Chronic nephritis

Name of operation _____ 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 _____, 1935

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 C. F. Zeller M. D.

(Address) Springfield Mo.

1941

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
540 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS

RECEIVED
MAY 10 1941

TO THE DIRECTOR
FROM THE CHAIRMAN

RE: [Illegible]

[Illegible]