

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19458

JUL 22 1935

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. West Hosp.)

File No. _____
Registered No. 2-05
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. La Porte, Ind. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 5 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
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) Ind

MOTHER FATHER
13. NAME Wm. J. Cox

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

15. MAIDEN NAME Edith Meyers

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

17. INFORMANT Frank M. Cox
(ADDRESS) La Porte, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Porte, Ind. DATE 6/14 1935

19. UNDERTAKER Herman J. J. Meyer
(ADDRESS) Springfield, Mo.

20. FILED 6-14-35 R. W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 13, 1935.
I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Basal Skull Fracture Date of onset 6-8-35
Fracture left Clavicle 6-8-35
Multiple lacerations 6-8-35

Other contributory causes of importance: Respiratory Failure 6-13-35
Shock 318

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 8, 1935
Where did injury occur? Highway 6.6 East of Springfield
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in homes or in public place. Public Highway

Manner of injury Riding motorcycle when motor blew out
Nature of injury crushing injury to head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify None
(Signed) Samuel J. Jancy _____, M. D.
214 N. Jefferson
(Address) Springfield Mo.

