

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.

OCT 17 1935

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

Do not use this space.

Dr. Cunningham
22740

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Springfield Mo. 430 Primary Registration District No. 2001

City Springfield Mo. 430 Halman St. _____ Ward _____

File No. _____

Registered No. 281

2. FULL NAME

(a) Residence, No. 430 Halman 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25 - 1868</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>5</u>	DAYS <u>16</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>none</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) Weguelo, Mo.

MOTHER FATHER 13. NAME Eliza O' Barrion

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

15. MAIDEN NAME Miseraa Darrell

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

17. INFORMANT (ADDRESS) Miss Bella Crenshaw

18. BURIAL, CREMATION OR REMOVAL PLACE Woods DATE July 13, 1935

19. UNDERTAKER (ADDRESS) Alma Labmeier

20. FILED 7-13 1935 August 7 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to July 11, 1935

I last saw him alive on July 5, 1935 Death is said to have occurred on the date stated above, at 4 P. M.

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

C.V.R. Syndrome
cardiovascular renal

Date of onset _____

Other contributory causes of importance:

Senility

Name of operation no Date of _____

What test confirmed diagnosis? _____ 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) loyd Saturday, M. D.

(Address) 214 No. Jefferson

