

2013 7 10

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

Do not use this space.

22748

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. Springfield Spinal Hospital)

Registration District No. 318
Primary Registration District No. 2004

File No. _____
Registered No. 291
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. Marshallfield, Mo
(If nonresident, give city or town and State)

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>Apr. 13 - 1914</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>21</u> | <u>3</u> |
| | | <u>1</u> |
| | | 11. Total time (years) spent in this occupation |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. |
| | 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)
Helietta Co. Mo

13. NAME
F. H. Manning

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

15. MAIDEN NAME
Ethel Grayson

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

17. INFORMANT (ADDRESS)
Ethel Manning, Marshallfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Timber Ridge DATE July 15, 1935

19. UNDERTAKER (ADDRESS)
Wm. W. Shaw & Sons, Inc., Marshallfield, Mo.

20. FILED 7-15, 1935 Ralph W. Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1935 to 7/14, 1935

I last saw him alive on 7/13, 1935 Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Multiple Myeloma Date of onset June 1934

Other contributory causes of importance: CS

Name of operation Parathyroidectomy Date of 7/13/35

What test confirmed diagnosis? Path 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? _____ If so, specify _____

(Signed) Paul D. Callaway, M. D.
(Address) Springfield, Mo.

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.

