

OCT 17 1935

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

Do not use this space.

1. PLACE OF DEATH

County MenRegistration District No. 318Township Springfield, Mo.Primary Registration District No. 2001City St. John Hospital

File No. 22754
Registered No. 298
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Charwick, 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lena Wall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 18677. AGE YEARS 68 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

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) Mo.13. NAME Beverly Wall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Kenbrey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs Lena Wall Charwick Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta Cemetery, Ind. DATE July 21, 193519. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo.

20. FILED _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 193522. I HEREBY CERTIFY That I attended deceased from July 15, 1935 to July 19, 1935I last saw him alive on July 19, 1935 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Lymphatic leukemia Date of onset 7-1-34Other contributory causes of importance: NoneName of operation None Date of _____What test confirmed diagnosis? Blood Ex. done 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) John D. Williams, M. D.(Address) 923 North Main Street 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.

