

OCT 17 1935

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

Do not use this space.

22757

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Weller Primary Registration District No. 2901  
City Springfield Mo. 962 S. Weller St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 301  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 962 S. Weller 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1874  
7. AGE YEARS 61 MONTHS 6 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter  
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) St. Joseph Mo  
13. NAME Chas Moore  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo  
15. MAIDEN NAME Jasief Pfeiffer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) Mrs. Marie Moore  
18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE July 20 1935

19. UNDERTAKER (ADDRESS) Springfield Mo.  
20. FILED 7-20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 - 1935

22. I HEREBY CERTIFY, that I attended deceased from May 25 1935 to July 17 1935  
I last saw him alive on July 15 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Diabetes of several years duration  
Diabetes Mellitus

Other contributory causes of importance:  
Angina pectoris  
apopt of face months  
neuritis

Name of operation \_\_\_\_\_ 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) H. P. Patterson, M. D.  
(Address) Springfield Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

