

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.

SEP 16 1935

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

Do not use this space.

22773

1. PLACE OF DEATH *Springfield*
 County *Greene* Registration District No. *318*
 Township *Springfield* Precinct No. District No. *200* Registered No. *297*
 City *Springfield* (No. *Baptist Hospital* Ward)

2. FULL NAME *Clint Dean*
 (a) Residence, No. _____ St. _____ Ward. *Seymour* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lillian Dean*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 23 1903*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>31</i>	<i>7</i>	<i>26</i>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Filling Station*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Operator*

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) *Ferdland Mo.*

13. NAME *D. D. Dean*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Eliza Watson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mr. D. D. Dean*
(ADDRESS) *Seymour Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Seymour Mo.* DATE *July 19 1935*

19. UNDERTAKER *Kelley and Ferrell*
(ADDRESS) *Seymour, Mo.*

20. FILED *7-19-35* *Russington*
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 *July 18 1935* to *July 19 1935*
 I last saw him alive on *July 19 1935* Death is said to have occurred on the date stated above, at *8:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Ruptured Aneurysm
117 L. Ulcer

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Hollis Smith* M. D.
 (Address) *Springfield Mo.*

JAN 30 1947