

REF 2.0 1935

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

Do not use this space

See box
26109

1. PLACE OF DEATH

County Breese Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 355
City Springfield Mo. (No. 2018) W. Walnut St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2018 W. Walnut 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2-1847

7. AGE YEARS 88 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Ozark Mo.

13. NAME Abner Keltner

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

15. MAIDEN NAME Margaret Darn

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

17. INFORMANT (ADDRESS) Wm. P. Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Republic Mo. DATE Aug 10-1935

19. UNDERTAKER (ADDRESS) Alma T. Meyer

20. FILED 8-10 1935 R. P. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8-1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 8, 1935. I last saw him alive on July 8, 1935. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Coronary Artery
SJA

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? NO
If so, specify _____
(Signed) See box, M. D.
(Address) 227 1/2 South

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.

