

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.

NOV 21 1935

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

Do not use this space.

Dr. C. Forest
372385

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township *5* Primary Registration District No. *2901*
City *Springfield Mo.* 511 S. Kimbraugh St. Registered No. *187* Ward

2. FULL NAME

(a) Residence, No. *511 S. Kimbraugh* (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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (write name) *Grace Wyatt Dec*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 26 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 5

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Weber Co. Mo.*

13. NAME *J. M. Patterson*

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

15. MAIDEN NAME *Letha Brooks*

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

17. INFORMANT (ADDRESS) *J. M. Patterson, Father, Springfield, Mo.*

18. BURIAL, CREMATION OR REMOVAL PLACE (ADDRESS) *with Olinberg, Oct. 4 1935*

19. UNDERTAKER (ADDRESS) *Alma Johnson, Springfield, Mo.*

20. FILED *Oct 4 1935* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 1 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 17 1935* to *Oct 1 1935*
I first saw him alive on *Sept 30 1935* Death is said to have occurred on the date stated above, at *5 P. M.*

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

Cerebral hemorrhage Apoplexy Date of onset *Sept 14 1935*
Arterial Sclerosis for several years

Other contributory causes of importance: *82 yr!*

Name of operation *None* Date of

What test confirmed diagnosis? *Clinical* 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) *C. Forest* M. D.

(Address) *Medical Arts Bldg. Springfield*

