

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.

NOV 21 1935

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

Do not use this space.

32396

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 28019
City Springfield, Mo. (For 1020 E. Grand, St. 502 Ward)

2. FULL NAME

(a) Residence, No. 1020 E. Grand Ward. (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 Marie Stueberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1880

7. AGE YEARS 80 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

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. Housewife

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) Springfield, Mo.

FATHER 13. NAME Baker Russell

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

MOTHER 15. MAIDEN NAME Marie Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

17. INFORMANT (ADDRESS) Marie Stueberger

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. Home DATE Oct 8, 1935

19. UNDERTAKER (ADDRESS) Greene Mortuary

20. FILED 10-8, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1935, to 10/6, 1935. I last saw her alive on 10/5, 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:

Arteriosclerosis Date of onset ?

Other contributory causes of importance: 97

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) F. B. Lemmon M. D.

(Address) Springfield, Mo.

