

DEC 18 1935

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

Do not use this space

D Paul
35787

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield, Mo. St. John's HospFile No. 611Registered No. 611

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. 1153 Bellemeade

St. _____

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

4. SEX Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 30 - 1921

7. AGE

YEARS 14MONTHS 7DAYS 16

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo13. NAME Clark Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shaver15. MAIDEN NAME Turner & Young16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo17. INFORMANT (ADDRESS) Clark Hall Jr

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shaver MoDATE Feb 18 193519. UNDERTAKER (ADDRESS) Queen Funeral Co20. FILED 11-18-1935Richard W. Langston
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16 193522. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 16, 1935.I last saw him alive on Nov 16, 1935. Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Date of onset _____

Streptococcus MeningitisOther contributory causes of importance MartindaleName of operation MartindaleDate of 11-14-35What test confirmed diagnosis? Labatory 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) Paul Dunbar Mc, 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.

1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The second part of the report deals with the specific work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The third part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The fourth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The fifth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The sixth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The seventh part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The eighth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The ninth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The tenth part of the report discusses the work done during the year and the results obtained. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory.