

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.

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

Do not use this space.

NOV 26 1935

35796

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 614

Township Springfield

Primary Registration District No. 2001

Registered No. 614

City Springfield (No. 334 1/2)

Commercial St.

St. Commercial

Ward

2. FULL NAME

(a) Residence, No. 334 1/2 St. Commercial

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)
Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 6 - 1888

7. AGE

YEARS

MONTHS

DAYS

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

47

4

13

OCCUPATION

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

B.R. Biskeman

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

on R.R. Train

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)

Mo.

FATHER

13. NAME

Mrs. D. Atkins

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

Mo.

MOTHER

15. MAIDEN NAME

Mary Carner

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. D. Atkins Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

National Cemetery DATE Nov 12 1935

19. UNDERTAKER (ADDRESS)

W. H. Kingner & Co. Springfield, Mo.

20. FILED

11-22 1935 Springfield Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 19 1935

22. I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....
I last saw him alive on 11 - 19 1935 Death is said

to have occurred on the date stated above, at 8:30 A.m.

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

Date of onset

Coronary Sclerosis

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? W

If so, specify Heart Disease - Coronary

(Signed)

Edward George - Coronary M. D.

(Address) Springfield

