

FEB 3 1936

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

Do not use this space.

39293

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township *Springfield*

Primary Registration District No. *2001*

City *Springfield*

No. *1915* *Benton*

File No. _____
Registered No. *728*
St. _____ Ward)

2. FULL NAME

(a) Residence, No. *1915 Benton* St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 24* 19 *35*

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

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 17*, 19 *35*, to *Dec. 24*, 19 *35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9 - 1869*

I last saw him alive on *Dec - 15, 1935* Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS *75* MONTHS *5* DAYS *15* If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset _____

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

Lobar Pneumonia + Heart disease (chronic)

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jenn Tenn*

13. NAME *Singleton Carp*

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

15. MAIDEN NAME *Sarah Ford*

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

17. INFORMANT *J. G. Carp* (ADDRESS) *Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) *W. H. Long* DATE *Dec 26* 19 *35*

19. UNDERTAKER (ADDRESS) *J. W. Klingner & Co. Springfield, Mo.*

20. FILED *12-26* 19 *35* *W. H. Long* Registrar.

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) *P. H. Cox*, M. D.
(Address) *223 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.

