

FEB 19 1936

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

Do not use this space.

962

1. PLACE OF DEATH

County Shreve Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield No. 1275 E. Pacific

File No. ....  
Registered No. 75  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1275 E Pacific 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1936

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

HEREBY CERTIFY, that I attended deceased from 25 March 1935 to Jan 27, 1936  
I last saw him alive on Jan 27, 1936 Death is said to have occurred on the date stated above, at 9:30 PM

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 unknown

Acute Bronchitis  
Myocardial Failure  
Chronic myocarditis

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

Other contributory causes of importance  
Senility  
Exhaustion

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) Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Danniel Duncan

18. BURIAL, CREMATION OR REMOVAL PLACE 1275 E Pacific

19. UNDERTAKER (ADDRESS) 300 Campbell

20. FILED 1-28-36 19 36 Ralph Whangston 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.

Name of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Gordon C. Doney, M. D.  
(Address) 1030 Sherman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

