

APR 17 1936

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

Do not use this space.

10246

1. PLACE OF DEATH

County *Greene*
Township *M. Campbell*
City *Springfield* (No. *1*)

Registration District No. *318*
Primary Registration District No. *5439*

File No. _____
Registered No. *289*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *221 N. Park* 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

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 10 - 1933</i>		
7. AGE	YEARS <i>2</i>	MONTHS <i>3</i>
	DAYS <i>18</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child at home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>In home</i>	
	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) <i>Mo.</i>		
MOTHER	13. NAME <i>Lawrence M. Miller</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>	
	15. MAIDEN NAME <i>Pauline Brooks</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>	
17. INFORMANT <i>Mrs. Lawrence M. Miller</i> (ADDRESS) <i>Springfield Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Breadlaw</i> DATE <i>Mar 30</i> 19 <i>36</i>		
19. UNDERTAKER <i>J. W. Langston & Co.</i> (ADDRESS) <i>Springfield Mo.</i>		
20. FILED <i>3-29</i> 19 <i>36</i> <i>Ralph W. Langston</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 28 1936*

I HEREBY CERTIFY, That I attended deceased from *Dec - 30* to *Mar 28*, 19*36*
I last saw him alive on *Mar 28*, 19*36* Death is said to have occurred on the date stated above, at *8 P.M.*

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

Nephrosis

Date of onset

Other contributory causes of importance:

Sinus infection

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*36*

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) *M. D. Bury*, M. D.(Address) *214 N. Jefferson St. Springfield, Mo.*

