

MAY 20 1936

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

Do not use this space.

Dr. Robert Williams  
14794

## 1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Mo Primary Registration District No. 312001 File No. 322  
City Springfield Mo Baptist Hospital St. Mo Ward 322

## 2. FULL NAME

(a) Residence, No. Springfield Mo St. Mo 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)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
about 64 not known

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Greenelo, Mo.

MOTHER 13. NAME Marberry Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co, Mo

15. MAIDEN NAME Elizabeth Utt

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

17. INFORMANT (ADDRESS) Joe Rose Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE April 9, 1936

19. UNDERTAKER (ADDRESS) all mo. La. Snyder Springfield Mo.

20. FILED 4-8, 1936 Robert W. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1936

I HEREBY CERTIFY, That I, attended deceased from March 28, 1936 to April 7, 1936

I last saw him alive on April 7, 1936 Death is said to have occurred on the date stated above, at 7:10 PM.

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

Cerebral Hemorrhage Date of onset 3/27/36

Other contributory causes of importance: Head 3/27/36

Name of operation None 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? Accident Date of injury 3/27, 1936

Where did injury occur? Springfield Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home - fell off porch striking head

Nature of injury Head injury causing hemorrhage

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

If so, specify

(Signed) Robert Williams, 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.

MAR 2 1976

100

100

100