

MAY 14 1936

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

Do not use this space
14807
File No. _____
Registered No. 334
St. _____ Ward)

1. PLACE OF DEATH

County GreeneRegistration District No. 420 E HarrisonTownship Springfield MoPrimary Registration District No. 2001

2. FULL NAME

(a) Residence, No. _____ Ward. _____

(Usual place of abode)

(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.

da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18th Feb. 1859

7. AGE

YEARS 77MONTHS 0DAYS 24

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

OCCUPATION

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

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) Greene, Missouri

FATHER

13. NAME A. Wesley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

MOTHER

15. MAIDEN NAME Martha16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri17. INFORMANT (ADDRESS) Wm E. Hallett18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 4/13 193619. UNDERTAKER (ADDRESS) Springfield Mo20. FILED 8-13- 1936 Ralph W Langston Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12 193622. I HEREBY CERTIFY that I attended deceased from Jan 17, 1936, to April 12, 1936I last saw him alive on Jan 21, 1936. Death is saidto have occurred on the date stated above, at 3 a.m.

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

Pneumonia lobes Date of onset _____Other contributory causes of importance: Inferior

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 _____, 1936

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? _____

If so, specify _____

(Signed) W. E. Hallett

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.

