

MAY 20 1936

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

Do not use this space.

14867

1. PLACE OF DEATH

County

Green

Registration District No.

318

Township

City

Springfield

Primary Registration District No.

2001

(No.)

99. Baptist Hospital

File No.

Registered No.

406A

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

Mary E. Metzler

Marshfield - Mo
(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

F.

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Fred Metzler

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

June 10 - 1884

7. AGE

YEARS

51

MONTHS

10

DAYS

19

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Sawyer

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.

MOTHER

13. NAME

Mrs Reed

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

Mrs Reed

15. MAIDEN NAME

Mrs Reed

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

Mrs Reed

17. INFORMANT (ADDRESS)

Brook Austin

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marshfield

DATE

5-2-36

19. UNDERTAKER (ADDRESS)

W. J. M. = Mahan
Marshfield Mo

20. FILED

4-30-1936

Dr Chas A George
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 29, 1936, to April 29, 1936

I last saw him alive on 4/28, 1936

Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Septic sore throat
(acute pharyngo-tonsillitis)Date of onset
4/25/36

Other contributory causes of importance:

Acute nephritis - for 1 week 4/27/36
Uremia

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?

If so, specify

(Signed)

J. D. Callaway, 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.

1936
48

1884