

JUN 20 1936

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

Do not use this space.

19136

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 2001

Registered No. 433

City Springfield (No. Springfield Baptist Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

\_\_\_\_\_

2. FULL NAME

(a) Residence, No. Ford St. St. \_\_\_\_\_ 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9-1905</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cafe Prop.</u>
	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) Forsyth Mo.  
(STATE OR COUNTRY)

13. NAME John Felkins

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

15. MAIDEN NAME Charlotte Johnson

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

17. INFORMANT (ADDRESS) John Felkins  
Forsyth Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aurora Mo. DATE May 10, 1936

19. UNDERTAKER (ADDRESS) King Funeral Home  
Aurora Mo.

20. FILED 5-8-36 BY Chas. George  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to May 8, 1936

I last saw him alive on May 8, 1936 Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Septicemia 7/8/36 5/5  
Lacerated wound left wrist 4/30

Other contributory causes of importance:

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? accident Date of injury 4/30, 1936

Where did injury occur? at home  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Out room on exploding beer bottle  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify cut arm on exploding beer bottle

(Signed) Robert Gibson, M. D.  
(Address) Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

