

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.

JUN 20 1936

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

Do not use this space.

Dr. F. D. Daulton

1. PLACE OF DEATH

County Greene
Township Springfield No. 114
City Springfield, Mo.

Registration District No. 318
Primary Registration District No. A 2001

File No. 19143
Registered No. 443
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3rd Johns Hospital Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millings Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boonville & Phelps
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 Co., Mo.

13. NAME Thomas R. Gibson

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

15. MAIDEN NAME Tharalasia Thomas

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

17. INFORMANT (ADDRESS) Mrs. Sara Spelton 1157 W. Center

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkinswood DATE May 15 1936

19. UNDERTAKER (ADDRESS) Wm. LaMar 1157 W. Center

20. FILED 5-11-36 J. D. Chas a George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1936, to 5/12, 1936. I last saw him alive on 5/12, 1936. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Syphilitic aortitis with incompetence of aortic valves & myocardial insufficiency

Date of onset 1916

Other contributory causes of importance: 34

Name of operation None Date of _____
What test confirmed diagnosis? Clin. Path. Was there an autopsy? No.

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? No.
If so, specify _____
(Signed) F. D. Daulton, M. D.
(Address) Springfield Mo

