

JUL 20 1936

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

Do not use this space.

22574

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2004 Registered No. 522  
City Springfield, Mo. St. James Hospital (No. \_\_\_\_\_) (Ward \_\_\_\_\_)

2. FULL NAME

(a) Residence, No. California, Mo. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 74

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. of \_\_\_\_\_ min.  
74 Not known.

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) Germany.

13. NAME No

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

15. MAIDEN NAME Information

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE 6-15-36

19. UNDERTAKER (ADDRESS) Oliver G. Spruell, Springfield, Mo.

20. FILED 15-36 19 Dr. Charles George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:10 a.m.

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

I reviewed this body and investigated the circumstances attending his death. Medical opinion: concussion of brain and fracture of both bones of left leg due to other contributory causes of importance. I have no a severe heart ailment.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6-13-1936

Where did injury occur? Boonsville Mill Street (Specify city or town, county, and State)

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

Manner of injury attempted to walk across  
Nature of injury street and was hit by car

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. H. Patterson, M. D.  
(Address) Springfield, Mo.

Dr. Charles George  
St. James Hospital, Greene County, 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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

