

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

Do not use this space.

Dr. Burke

22605

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No. 559

City Springfield

St. Baptist Hospital Ward)

2. FULL NAME

(a) Residence, No. St 9 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

Female

4. COLOR OR RACE

White

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

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

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

April 22-1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2 8

OCCUPATION

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

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

Infant

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

Greene Co. Mo.

FATHER MOTHER

13. NAME

Ishad Darnell

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

Missouri

15. MAIDEN NAME

Olive Percey

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

Missouri

17. INFORMANT (ADDRESS)

Ishad Darnell  
Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield Mo DATE July 2-1936

19. UNDERTAKER (ADDRESS)

Alma Laing  
Springfield Mo.

20. FILED

10-3-36

Dr. Chas. A. George

MEDICAL CERTIFICATE OF DEATH

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

June 30-1936

22. I HEREBY CERTIFY That I attended deceased from 6-24, 1936, to 6-30, 1936

I last saw him alive on 6-29, 1936. Death is said

to have occurred on the date stated above, at 5 A m.

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

Congenital absence of common bile duct.  
Hemorrhagic disease of the new born.

Date of onset

Other contributory causes of importance:

Name of operation

None

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? Date of injury

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)

W. H. Burke

M. D.

(Address)

410 Mosier Bldg.

