

DEC 18 1936

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

26057-6
Do not use this space.

1. PLACE OF DEATH

County SadeRegistration District No. 237Township CenterPrimary Registration District No. 5323City Greenfield, Mo.File No. 186

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Stringfield6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-18687. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 138. 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) Texas13. NAME Perry Stringfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME E. Emma Dishman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas17. INFORMANT (ADDRESS) Mrs. P. O. Stringfield18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo. DATE 7-23-3619. UNDERTAKER (ADDRESS) Harrison Undertaking Co.20. FILED Dec 2 1936 Geo. R. Wells Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21 193622. I HEREBY CERTIFY, That I attended deceased from 7/1/36 1936 to 7/1 1936I last saw him alive on 7-1-36 1936. Death is saidto have occurred on the date stated above, at 11-9 m.

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

accidental death.

Date of onset

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 7-1 1936Where did injury occur? Greenfield Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at homeManner of injury Fallen snow barnNature of injury Was under with barn24. Was disease or injury in any way related to occupation of deceased? farmerIf so, specify Repairing snow barn on farm(Signed) J. P. Cowan, M. D.(Address) Greenfield 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.

