

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30588

1. PLACE OF DEATH

County Greene

Township Springfield

City Springfield

Registration District No. 318

Primary Registration District No. 2001

(No. Bunge Hospital)

File No. 684

Registered No. 684

St. Walmart Grove Mo Ward 11

2. FULL NAME

(a) Residence, No. Billy Ardo Acuff

(Usual place of abode)

St. Walmart Grove Mo

Ward 11

(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

Male

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

child

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

Oct 22 - 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4

9

16

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

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

Amesbury, Polk Co. Missouri

13. NAME

Ralph Acuff

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

Polk Co. Missouri

15. MAIDEN NAME

Bessie Beauchamp

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

Greene Co. Mo

17. INFORMANT (ADDRESS)

Ralph Acuff Dallas Texas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beauchamp Cemetery DATE Aug - 9 - 1936

19. UNDERTAKER (ADDRESS)

James T. Ruppel, 2100 W. Main St. Springfield, Mo.

20. FILED

8 - 8 - 1936 Dr. Chas. C. George Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1936, to 8-8, 1936

I last saw him alive on 8-8-36, 1936. Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Dies colitis

Date of onset 7-23-36

Other contributory causes of importance:

Tuberculosis
Sinus thrombosis
Sepsis

6-30-36
9-6-36
8-5-36

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1936

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify None

(Signed) Teah B. Smith, M. D.

(Address) Springfield, Mo.

