

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

Do not use this space.

30637

Dr. Teller

SEP 21 1936

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township N. Campbell Primary Registration District No. 15439
 City Springfield Mo. St. _____ Ward _____

File No. _____
 Registered No. 734
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1 Springfield Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 - 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1936, to Aug 26, 1936

I last saw her alive on 8-24-36 Death is said to have occurred on the date stated above, at 6:15 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 8 13

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Senility

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

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Mrs. Anna Krasser Day
1 Springfield Mo.

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug. 29, 1936

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) Mrs. G. Meyer
Springfield Mo.

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

20. FILED 8-24-36 Dr. Charles George Registrar

(Signed) C. J. Teller, M. D.
 (Address) Springfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

