

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

Do not use this space.

OCT 21 1936

34146

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield Mo.

Registration District No. 378
Primary Registration District No. 2001
Pythian Home

File No. _____
Registered No. 776
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pythian Home St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1867

7. AGE YEARS MONTHS DAYS 69 11 6 28 8 If LESS than 1 day, hrs. or min.

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

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): St Louis Mo (STATE OR COUNTRY) Mo

13. NAME Wardman

14. BIRTHPLACE (CITY OR TOWN): Wardman (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Wardman

16. BIRTHPLACE (CITY OR TOWN): Wardman (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Dr Geo Warden

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Sept 10 1936

19. UNDERTAKER (ADDRESS) Thieme Springfield Mo

20. FILED 9-16-1936 Dr Chas A George Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 8 1936

I last saw him alive on Sept 8 1936 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Chronic Interstitial Nephritis Heart

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Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Thymol 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 _____, 19 _____

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 William R Beattie, M. D. (Signed) _____ (Address) _____

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

