NOV 27 1936

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

Do not use this space.

37380

File No. .....

Registered No. 869

1. PLACE OF DEATH

County Greene Registration District No. 318

Township ~~Springfield Baptist Hospital~~ Primary Registration District No. 2001

City Springfield, Mo. (No. Baptist Hospital St. ..... Ward)

2. FULL NAME Claude Benton Day

(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: 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): June 5, 1924

7. AGE: YEARS 12 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Marion Smith Day

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

MOTHER

15. MAIDEN NAME: Claude Looney

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

17. INFORMANT (ADDRESS): Marion Smith Day, Fair Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wade Chapel Cemetery DATE 10-15-1936

19. UNDERTAKER (ADDRESS): K. E. Thurman & Co., Republic, Missouri

20. FILED 10-14-1936 Br. Chas. A. George, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 12, 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 11, 1936, to Oct 12, 1936

I last saw him alive on Oct 12, 1936. Death is said to have occurred on the date stated above, at 5 p.m.

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

Septicaemia following infection of Rt heel (Positive Blood culture probably staphylococcus.)

Date of onset

Other contributory causes of importance: —

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical + microscopical Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) James E. Drury, M. D.

(Address) Springfield Mo

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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.