

DEC 18 1936

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

Do not use this space.

40969

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield West Primary Registration District No. 2001  
City Springfield, Mo.

File No. \_\_\_\_\_  
Registered No. 950  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. RB # 4 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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1936 to 11/19, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1901

I last saw him alive on 11/16, 1936 Death is said to have occurred on the date stated above, at 9 A. m.

7. AGE YEARS 35 MONTHS 9 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows: Brain Abscess Date of onset \_\_\_\_\_

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

Other contributory causes of importance: Brain abscess

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

Name of operation Lap Date of 11/15-36

13. NAME Ed Hughes

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

15. MAIDEN NAME Dorami Felton

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Max Miller (ADDRESS) Page # 4 Springfield

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Nov 20, 1936

Manner of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) James H. Sawyer

Nature of injury \_\_\_\_\_

20. FILED 11-19-36 Ohava George Registrar

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

(Signature) J. H. Sawyer M. D. (Address) \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

