

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

Do not use this space.

44407

JAN 9 1937

1. PLACE OF DEATH

County St. Louis

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. Borg Hospital)

File No. _____
Registered No. 1031
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2322 N. Park St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1936

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>✓</u>	<u>3</u>	<u>7</u>	

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) Springfield, Mo.

13. NAME W. E. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Tex.

15. MAIDEN NAME Hanna Newell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyons, Georgia

17. INFORMANT (ADDRESS) W. E. Bell, 2322 N. Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Dec 16, 1936

19. UNDERTAKER (ADDRESS) F. C. Therie, Springfield, Mo.

20. FILED Dec 16, 1936 Chas. D. George, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1936, to 12-15, 1936

I last saw him alive on 12/14, 1936 Death is said to have occurred on the date stated above, at 7:35 A.M.

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

Congenital absence of common hepatic bile ducts at birth

Other contributory causes of importance: Icterus

Name of operation Exploration Date of 12/15/36
What test confirmed diagnosis? Clin + Path Is there an autopsy? Yes

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 _____ (Signed) J. J. Smith, M. D. (Address) Med. Bldg., Springfield, Mo.

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.

