

APR 17 1936

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

Do not use this space.
47917
BY Myer
File No.
Registered No. 232
St. Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield (No. Burge Hospital)

2. FULL NAME Infant Son of Mr & Mrs Manson Cadle

(a) Residence, No. 807 W. Pacific 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
0 0 0 0 0

OCCUPATION 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.

FATHER 13. NAME Manson Cadle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

MOTHER 15. MAIDEN NAME Marie Swanson

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

17. INFORMANT Manson Cadle
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 3/13/36 19.

19. UNDERTAKER Herman H. Lohmeyer
(ADDRESS) Springfield Mo.

20. FILED 4-12 19. 36 Ralph W. Haughton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 12 19 36, to March 12 19 36.

I last saw h. alive on March 12, 19 36 Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Stillborn
(Pre-mature)
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 Stillborn M. D.

(Signed) Ralph W. Haughton (Address) 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.

