

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. WRITE EXACTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

48777

1. PLACE OF DEATH

County Greene Registration District No. 315
 Township St. Louis Primary Registration District No. 2001
 City Springfield (No. 632 71 Jefferson) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 632-71 Jefferson 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Colored 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) Aug-28-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

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 Oliver Scott

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

MOTHER
 15. MAIDEN NAME Willard Catalwell

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

17. INFORMANT (ADDRESS) Oliver Scott 632- Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Memorial DATE July 29-1936

19. UNDERTAKER (ADDRESS) H. V. Smith & Son 706 W. Jefferson

20. FILED 8-28 19 36 Dr. Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 19 36

22. I HEREBY CERTIFY That I attended deceased from on Aug 28, 1936, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 PM.
 The principal cause of death and related causes of importance were as follows:

Stillborn, Preech Delivery

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 _____ (Signed) Herdon C. Dorney, M. D.

(Address) 1020 Sherman

