

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.

FEB 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Barren*

Township *Springfield*

City *Springfield*

Registration District No. *home 318*

Primary Registration District No. *2001*

File No. *947*

Registered No. *0044*

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *1119 Ashme*

(Usual place of abode)

Ward. \_\_\_\_\_

(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF *Wilhelme Day*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14, 1874*

7. AGE

YEARS *64*

MONTHS *11*

DAYS *29*

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *29*

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) *Barthage Ill*

MOTHER

13. NAME *Mrs H Day*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barthage Ill*

15. MAIDEN NAME *Emily Morrison*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barthage Ill*

17. INFORMANT (ADDRESS) *Dr Paul Johnson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield Mo* DATE *Jan 16 1937*

19. UNDERTAKER (ADDRESS) *Springfield Mo*

20. FILED *Jan 16 1937*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 13 1937*

22. I HEREBY CERTIFY That I attended deceased *Jan 13 1937*

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

*Monoxide gas poisoning*  
*Self administered*  
*Who found dead in his car*  
*in garage, with a hose fitted*  
*into the exhaust pipe car*

Other contributory causes of importance:  
*Corridor through floor board*  
*of front bedroom*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *suicide* 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 *monoxide gas poisoning*  
Nature of injury *monoxide gas poisoning*

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

If so, specify \_\_\_\_\_ (Signed) *H. D. Patterson*, M.D.

(Address) *Springfield, Mo.*

*Coroner of Meigs County, Mo.*

