

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 27 1937

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

Do not use this space.

Jefferson

977

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township *Springfield*

Primary Registration District No. *2001*

City *Springfield* No. *955 E Walnut*

File No. _____

Registered No. *00123*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *955 E Walnut* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (to/in the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 23 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Chas. R. Lester*

22. I HEREBY CERTIFY, That I attended deceased from *May 20 1936*, to *Jan 23 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 5 1853*

I last saw him alive on *Dec 17 1936* Death is said to have occurred on the date stated above, at *5:30 P.M.*

7. AGE YEARS *83* MONTHS *6* DAYS *18* If LESS than 1 day, _____ hrs. or _____ min.

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

General Arteriosclerosis Date of onset *May 26*

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

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: *Cardiosclerosis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *McDonough Mo*

13. NAME *Lewis Spangler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Harriet Headey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Lewis Lester Spangler* (ADDRESS) *955 E Walnut Springfield*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield* DATE *25 1937*

19. UNDERTAKER (ADDRESS) *Chas. W. George*

20. FILED *Jan 25 1937* *Chas. W. George* Registrar

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? *no*

If so, specify _____

(Signed) *Chas. W. George* M. D.

(Address) *Chas. W. George Springfield Mo*

