

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township 5 Primary Registration District No. 2001
5 City Springfield, Mo. City Hospital / St. 1 (Ward)

File No. 20006
Registered No. 0377

2. FULL NAME

(a) Residence, No. 1419 College St. 1 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1927

7. AGE YEARS 9 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) Albuquerque New Mexico

FATHER 13. NAME Chas. Orcutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagoner Okla.

MOTHER 15. MAIDEN NAME Mae Piller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton, Mo.

17. INFORMANT (ADDRESS) Chas. Orcutt Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Mo. DATE May 3 1937

19. UNDERTAKER (ADDRESS) Dina Lohmeyer Springfield, Mo.

20. FILED May 3 1937 Phas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1-1937

22. I HEREBY CERTIFY, That I attended deceased from 4.30.37, 1937 to 5.1.37, 1937

I last saw him alive on 5.1.37, 1937 Death is said to have occurred on the date stated above, at 11:35 P.

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

Peritonitis following appendectomy-ruptured and gangrenous appendix. Date of onset

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 4.30.37

What test confirmed diagnosis? Phys. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 4.19.37

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. D. Musick (Address) Springfield, Mo. M. D.

