

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 23711

Township Springfield

Primary Registration District No. 2001

Registered No. 494

City Springfield

(No. Springfield Baptist Hosp.) St. Mo. Ward 4

2. FULL NAME

(a) Residence, No. 1650 College St. Mo. Ward 4

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edpton Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1896

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>41</u>	<u>4</u>	<u>27</u>	

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

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) Stone Co Mo

13. NAME Samuel Hagwood

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

15. MAIDEN NAME Mattie Goodins

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

17. INFORMANT (ADDRESS) Edpton Owens 1650 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Republic Mo DATE June 13, 1937

19. UNDERTAKER (ADDRESS) W. E. Hurman Republic Mo

20. FILED June 10, 1937 Chas A George Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to June 10, 1937

I last saw him alive on June 10, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

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

Epidemic cerebrospinal meningitis

Date of onset June 7th 1937

Other contributory causes of importance:

18

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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 _____, 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) W. E. Hurndley, M. D.

(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.

WHILE EXAMINING WITH CARE AND RECORD THIS IS AT ENTIRE RISK OF THE REGISTRAR.

