

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.

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JUL 28 1937MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield (No. city hospital)Registration District No. 318
Primary Registration District No. 2001File No. 23729
Registered No. 513
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 517 Mitchell 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary walker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 18867. AGE YEARS 71 MONTHS 2 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Christian co mo13. NAME Dickey walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Mary walker
(ADDRESS) 517 Mitchell18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 6-19 193719. UNDERTAKER Floyd W. Fox
(ADDRESS) 629 W. Walnut20. FILED June 19, 1937 Chas A George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 193722. I HEREBY CERTIFY That I attended deceased from June 12, 1937, to June 18, 1937.
I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Myocarditis, Chronic Nephritis, Chronic

Date of onset

Other contributory causes of importance:

Dyspepsia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. Newton Hallen, M. D.(Address) Springfield, Mo.

