

AUG 23 1937

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

Do not use this space.

27266

## 1. PLACE OF DEATH

39

County Boone  
Township N. Commercial  
City Springfield No. \_\_\_\_\_Registration District No. 318  
Primary Registration District No. 5439File No. \_\_\_\_\_  
Registered No. 562  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. R. 11 Box 240 Ward \_\_\_\_\_  
(Usual place of abode) Springfield Mo

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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8/377. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
✓ 0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.

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) Springfield Mo13. NAME Clarence Thomas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs Mo.15. MAIDEN NAME Coalson Ward16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Mo17. INFORMANT Clarence Thomas (ADDRESS) R # 1118. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery DATE 7/9 193719. UNDERTAKER Family (ADDRESS) R # 1120. FILED July 8 1937 Chas A. George Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 193722. I HEREBY CERTIFY, that I attended deceased from 2/8 to 7/8 1937I last saw her alive on 7/8 1937 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Premature Birth Date of onset \_\_\_\_\_Other contributory causes of importance: 159Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury \_\_\_\_\_ 1937

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

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. May Smith, M. D.(Address) Springfield Mo

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.

