

SEP 17 1937

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

Wetzel
Do not use this space.

30679

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township *Springfield*

Primary Registration District No. *2001*

City *Springfield*

No. *1413 N. Rogers*

File No. *638*

Registered No. *638*

St. *Mo.*

Ward

2. FULL NAME

(a) Residence, No. *1413 N. Rogers*

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word)*
married

2. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 7*, 19*37*

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

2. I HEREBY CERTIFY, That I attended deceased from *1933* to *Aug 7*, 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 13-1866*

I last saw him alive on *Aug 7*, 19*37*. Death is said to have occurred on the date stated above, at *7:53 p.m.*

7. AGE

YEARS *71*

MONTHS *0*

DAYS *24*

If LESS than 1 day, hrs. or min.

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

OCCUPATION

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

Mill right

Nephritis Chronic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Fracture Rt Hip

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

13. NAME *Harris Williams*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *J. G. Williams Aurora Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield* DATE *Aug 10*, 19*37*

19. UNDERTAKER (ADDRESS) *Chas. H. George & Co. Springfield Mo.*

20. FILED *Aug 10*, 19*37* *Chas. H. George* Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? *Microscopic* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *accident* Date of injury *7-28-1937*

Where did injury occur? *In home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *fall on floor twisted*

Nature of injury *fracture*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*

(Signed) *Wetzel*, 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.

