

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.

SEP 17 1937

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

Do not use this space.

30684

1. PLACE OF DEATH

Country Greene Registration District No. 318 File No. 643
Township Springfield Primary Registration District No. 2001 Registered No. 643
City Springfield, Mo. Bunge Hospital (Ward)

2. FULL NAME

(a) Residence, No. Quitman Ark. Ward. Quitman Ark.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Taylor

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1902

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>34</u>	<u>10</u>	<u>9</u>		

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

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) Quitman Ark.

MOTHER FATHER 13. NAME Roscoe Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesup Ark.

15. MAIDEN NAME Lula Martin

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

17. INFORMANT (ADDRESS) Mrs. Annie Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Quitman Ark. Aug 12 1937

19. UNDERTAKER (ADDRESS) Alma Schreyer

20. FILED Aug 10 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on Aug 10 1937 Death is said to have occurred on the date stated above, at 3:45 a. m.

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

Appendicitis, gangrenous ruptured

Other contributory causes of importance:

None

Name of operation Appendectomy Date of Aug 7

What test confirmed diagnosis? Op. 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

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) Dr. A. S. Sully, M. D.

(Address) Springfield Mo

