

OCT 22 1937

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

Do not use this space.

34223

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1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 874 South Ave. St. 874 South Ave. Ward)

2. FULL NAME

(a) Residence, No. 874 South Ave. St. 874 South Ave. 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

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 1 8

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

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 mo

FATHER 13. NAME Sam R. Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogersville mo

MOTHER 15. MAIDEN NAME Alta Isreal

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

17. INFORMANT Sam R. Wilkerson (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rogersville DATE Sept-12 37

19. UNDERTAKER H. H. Lohmeyer (ADDRESS) Springfield Mo.

20. FILED Sept 17 1937 Chas. U. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1937, to 9/10/37, 1937. I last saw him alive on 9/10/37, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

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

Acute intestinal intoxication and malnutrition Date of onset

Other contributory causes of importance:

Name of operation 119B Date of 119B

What test confirmed diagnosis? Cholera 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) A. E. Alder M. D.

(Address) Springfield Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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