

OCT 22 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34235

File No. ....  
Registered No. **915** .....  
St. .... Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 556 C. State)

2. FULL NAME

(a) Residence, No. 556 E Water St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife Bessie Dean

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937, to Sept 20 1937  
I last saw him alive on Sept 15 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (Apoplexy)

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS 67 MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

Other contributory causes of importance:  
Chronic Hypertension  
Arterio Sclerosis

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

Name of operation None Date of None  
What test confirmed Physician's Examination Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
13. NAME Robert Dean  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury....., 19.....  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Manner of injury.....  
Nature of injury.....

17. INFORMANT Bessie Dean  
(ADDRESS) 556 E Water  
18. BURIAL, CREMATION, OR REMOVAL PLACE Washed DATE Sept 23 1937  
19. UNDERTAKER W. P. Campbell  
(ADDRESS) 869 Wash St  
20. FILE Sept 22 1937 Chas. E. George Registrar

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify J. Newton Wagman M. D.  
(Signed) J. Newton Wagman, Springfield, Mo.

Every item of information should be carefully supplied. A 02 should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

J. N. Wagman, M.D.

