

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.

OCT 22 1937

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

Do not use this space.

34258

File No. _____
Registered No. 340
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2007
City Springfield (No. 1907 W. Atlantic)
2. FULL NAME Styl Edward Albert
(a) Residence, No. 1907 W. Atlantic St., _____ Ward _____
(Usual place of abode)
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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
9 12
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) Mo.
13. NAME Jack Albert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Beulah Clemons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Jack Albert
(Address) 1907 W. Atlantic
18. BURIAL, CREMATION, OR REMOVAL Greenwood DATE Sept. 30 1937
19. UNDERTAKER W. H. Langford
(Address) Springfield Mo.
20. REGISTERED W. H. Langford (Address) Springfield Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1937
22. I HEREBY CERTIFY, That I attended deceased from 9-26 to 9-28
I last saw him alive on 9-27 1937. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 9/21-37
11912
Other contributory causes of importance:
acute gastritis - Enteritis with hemorrhage
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 none
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. F. Freeman M. D.
(Address) Springfield Mo.

