

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ANOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Greene*  
Township *Springfield*  
City *Springfield*

Registration District No. *318*  
Primary Registration District No. *2801*  
No. *104 N. Prospect*

File No. *37658*  
Registered No. *971*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. *1104 N. Prospect*  
(Usual place of abode)

*Harley Edward Teeter*

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. (If nonresident, give city or town and State)

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*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 7*, 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Jennie Teeter*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1* 19*36* to *Oct 7* 19*37*  
I last saw him alive on *Oct 6, 30 AM*, 19*37*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 7-1862*

to have occurred on the date stated above, at *9:30* a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS *75* MONTHS *0* DAYS *28* If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.

*Diabetes mellitus* *Seven years* (Date of onset)  
*Chronic interstitial nephritis* *Seven years*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Bridge Foreman*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Finsco R.R. Co.*  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: *59*

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

Name of operation *None* Date of \_\_\_\_\_  
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

13. NAME *Samuel Teeter*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Mrs. Jennie Teeter*  
(ADDRESS) *Springfield, Mo.*

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *Oct 9, 1937*

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) *J. H. Klingner & Co. Springfield, Mo.*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_  
(Signed) *Ob. Hart* M. D.  
(Address) *430 South Springfield, Mo.*

20. FILED *Oct 9 1937* *Edw. George* Registrar

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