

NOV 17 1937

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

Do not use this space.

Dewell
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1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township _____ Primary Registration District No. *2001*
City *Springfield*, (No. *1019*, *St. Hart*) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1019 St. Hart St.* 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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 21 1859*

7. AGE YEARS *77* MONTHS *11* DAYS *22* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Print Man*
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) *Wis.*

MOTHER 13. NAME *Dr. S. Haseltine*

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

15. MAIDEN NAME *Augusta Thomas*

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

17. INFORMANT *Mrs. Emma Haseltine* (ADDRESS) *Springfield*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield* DATE *Oct 14 1937*

19. UNDERTAKER *Wm. L. Lippert* (ADDRESS) *534 St. George St.*

20. FILED *Oct 14 1937* *Chas. George* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 13 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 17 1935* to *Oct 12 1937*

I last saw him alive on *Oct 12 1937*. Death is said to have occurred on the date stated above, at *11:30 am*.

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

Capillary Carcinoma of bladder.
(Immediate Cause)

Other contributory causes of importance: *51*

Name of operation _____ Date of _____

What test confirmed diagnosis *Biopsy* Was there an autopsy? *Yes*

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? *Yes*

If so, specify _____

(Signed) *Walter Dewell*, M. D.

(Address) *Springfield, Mo.*

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

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