

NOV 17 1937

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

Do not use this space.

37694

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Washington Primary Registration District No. 2001 File No. 91016
City Springfield Mo. 1933 Washington St. (If nonresident, give city or town and State) Ward

2. FULL NAME

(a) Residence, No. 1933 Washington Ward. (If nonresident, give city or town and State)
(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 1 6

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.

MOTHER FATHER 13. NAME Elmer Dale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mesaure

15. MAIDEN NAME Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mesaure

17. INFORMANT (ADDRESS) Elmer Dale Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waywood DATE Oct 27 1937

19. UNDERTAKER (ADDRESS) Alma J. ... Springfield Mo.

20. FILED Oct 21 1937 Registrar Chas. H. ...

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/20/37 to 10/20/37, 1937.
I last saw him alive on Oct 20 1937. Death is said to have occurred on the date stated above, at 7:30 P.
The principal cause of death and related causes of importance were as follows:

Whooping Cough -
Proventriculitis
Other contributory causes of importance
Name of operation A Date of U
What test confirmed diagnosis? Clinical Was there an autopsy? U

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1937
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) G. E. Aldred, M. D.
(Address) Springfield

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

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