

NOV 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 Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 412) Poplar St. (Ward)

37709

File No. 1035

2. FULL NAME

(a) Residence, No. 412 W Poplar St., Greene 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1876

7. AGE YEARS 61 MONTHS 9 DAYS 11  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumberman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Business  
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Unknown

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

15. MAIDEN NAME Jane Hotterman

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

17. INFORMANT (ADDRESS) Mrs. India Horrie  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Nov. 16 1937

19. UNDERTAKER (ADDRESS) W. Klingner & Co.  
Springfield, Mo.

20. FILED Nov 1 1937 Clas George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Oct 30 1937  
I last saw him alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chy. suppurative disease Date of onset ?  
Chr. nephritis ?

Other contributory causes of importance:  
Diabetes mellitus ?  
Atherosclerosis

Name of operation None Date of 6  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? (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) A. H. Hagan M. D.  
(Address) Springfield Mo.

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.

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