

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.

Call  
 NOV 17 1937

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

Do not use this space.  
 37716  
 Registered No. 1048  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
 Township Springfield No 200 Primary Registration District No. 200  
 City (No. 612) Edelmar

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Nov 3, 1937.  
 I last saw him alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 7 28

Carcinoma of tongue  
 15  
 Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Edelmar

Other contributory causes of importance:  
Hy postatic bronchopneum 10/27  
Resection of tongue 7/1/37

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) Des Moines, Ia

13. NAME Jesse C. Neggo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Ia

15. MAIDEN NAME Jesse Foshee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Ia

17. INFORMANT (ADDRESS) Dr. Robert Shunt

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. H. Huley DATE Nov 5 37

19. UNDERTAKER (ADDRESS) James H. Huley

20. FILED Nov 5 1937 Chas. A. George Registrar

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Robert Shunt, M. D.

(Address) Springfield Mo

OCCUPATION  
 MOTHER FATHER

