DEC 17 1937

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

Dr. Allder
Do not use this space.

41259

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield, Mo. (No. City Hosp. City Hospital St. Ward)

File No.
Registered No. 1065

2. FULL NAME Thomas Lengerfelt
(a) Residence, No. 800 W. Jean, St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Esther Chastain Lengerfelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1911

7. AGE: 26 YEARS, 7 MONTHS, 24 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Jasper, Arkansas

FATHER
13. NAME: Louis Lengerfelt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton County, Arkansas

MOTHER
15. MAIDEN NAME: Emberton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper, Arkansas

17. INFORMANT (ADDRESS): Mrs. Thos. Lengerfelt, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood, DATE Nov. 10, 1937

19. UNDERTAKER (ADDRESS): H. H. Lohmeyer Funeral Home, Springfield, Mo.

20. FILED Nov 9, 1937 Chas. V. George, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1937, to Nov 8, 1937. I last saw him alive on Nov 8, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia - R. Lower Lobes - Lobal

Date of onset

Other contributory causes of importance: 108

Name of operation — Date of
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? 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. E. Allder, M. D.
(Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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