

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

318

5439

File No.

Registered No.

St.

Ward

41330

1125

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward

(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

 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 *Jay Lingerfelt*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 29 1913*7. AGE YEARS *24* MONTHS *5* DAYS *23* If LESS than 1 day, hrs. or min.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) *Ark*13. NAME *Lewis Lingerfelt*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*15. MAIDEN NAME *Ritha Amberton*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*17. INFORMANT (ADDRESS) *Ritha Lingerfelt
Bathernons Ark*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Nazareth Nov. 30 1937

19. UNDERTAKER (ADDRESS)

20. FILED

*J. W. Lingerfelt
Springfield, Mo.
Nov 29, 1937
Chas. H. George
Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 29 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*Nov. 21 1937 to Nov. 29 1937*I last saw him alive on *Nov. 28 1937*. Death is saidto 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:

*Typhoid Fever
Brod*

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis? *Widal* 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?

If so, specify

(Signed)

(Address)

, M. D.

*Thomas D. Norton
Springfield*

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.

