

JAN 18 1938

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. 316

File No. 45417

Township Magleed

Primary Registration District No. 2001

Registered No. 1203

City Springfield (No. City Hospital St. Ward)

2. FULL NAME

(a) Residence, No. 6280 Division St. 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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1937

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

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

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.

13. NAME Paul Lee Ewerth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. New

15. MAIDEN NAME Helen Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. New

17. INFORMANT (ADDRESS) Ma. Sarah Medley 5044. Marcap

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 12/26 1937

19. UNDERTAKER (ADDRESS) Seaman Johnson Springfield, Mo.

20. FILED Dec 26 1937 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 12, 25, 37 1937, 12, 25, 37 1937

I last saw him alive on 12, 25, 37 1937 Death is said

to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset

Premature birth

Other contributory causes of importance:

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, 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?

If so, specify

(Signed) J. Tomack 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.

