

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

Do not use this space.

2791

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 55

City Springfield (No. 902)

St. Missouri

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 902 S. 3rd 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 53 5 18

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

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) Missouri Callaway Co 0

13. NAME Wm R Wright 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

15. MAIDEN NAME not known

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

17. INFORMANT Mrs H B Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE 2001 DATE Jan 17 1938

19. UNDERTAKER (ADDRESS) Chas A George

20. FILED Jan 17 1938 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1937 to 1-16-1938

I last saw h. or alive on 12-15-1937 Death is said to have occurred on the date stated above, at 7 A. m.

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

Date of onset _____

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 _____, 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) W. D. Kelly, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH

Dr. Kelly
St. St.