

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

Do not use this space.

28097

1. PLACE OF DEATH  
 County GREENE Registration District No. 316  
 Township SPRINGFIELD Primary Registration District No. 2001  
 City SPRINGFIELD (No. 622 N. Campbell) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 76  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant of Ollie Chatham 350  
 (a) Residence, No. 622 N. Campbell 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24/38 19\_\_

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24/33

I last saw her Dead live on Jan 24, 1938 Death is said to have occurred on the date stated above, at 8 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. it lived  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Suffocated  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

Other contributory causes of importance: neglect & lack of medical care  
apparently was full term

FATHER 13. NAME Claude Snow

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide undetermined Date of injury Jan 24, 19 38  
 Where did injury occur? Baby found dead at 622 N. Campbell  
 (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Ollie Chatham

Specify whether injury occurred in industry, in home, or in public place. Baby found dead at above address

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Manner of injury no evidence could be obtained to indicate criminal act.

17. INFORMANT Ollie Chatham  
 (ADDRESS) Springfield, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hazelwood DATE 1/26 38

If so, specify \_\_\_\_\_ (Signed) J. P. Ferguson, Coroner, M. D.

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

20. FILED Jan 26, 19 38 Chas A. George Registrar

(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

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2809  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City Springfield (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Chatham St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.

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

Supplicated  
request, lack of medical care  
Other contributory causes of importance: apparently full term

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? None Date of injury 1-24-1938

Where did injury occur? Greene Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 622 N. Campbell -  
Manner of injury found dead at  
Nature of injury above address

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. G. Ferguson, M. D. (Address) Springfield Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

deceased perhaps even less for SUPPLEMENT

1938

S-2809