

REC'D SEP 23 1938

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

Dr. Doubler
28941
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township 1 Primary Registration District No. 2901 Registered No. 706
(c) City Springfield Mo (d) Street No. St. John's Hospital St. St. John's Hospital
(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. 912 E. Walnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ella French Dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1869

7. AGE YEARS 69 MONTHS 4 DAYS 17 LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. examined

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) Rolla Missouri

FATHER 13. NAME J. Schuyler French

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

MOTHER 15. MAIDEN NAME Sarah Sultz

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

17. INFORMANT (ADDRESS) Mrs. John J. Shipley

18. BURIAL, CREMATION) OR REMOVAL PLACE Hazelwood DATE Sept. 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Hammel

20. FILED Sept 16 1938 Chas. O. George Local Registrar, Springfield Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11 1938 to Sept 13 1938

I last saw him alive on Sept 13 1938. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Perforated Pyloric Ulcer Date of onset 9-11-38

Other contributory causes of importance: 11/7/38

Name of operation Incision & Dr. Date of 9-11-38

What test confirmed diagnosis? Operation 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?

If so, specify J. J. Johnston M. D.

(Signed) J. J. Johnston (Address) 800 Med Arts Bldg Springfield, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.