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.

REC'D OCT 20 1938

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

Do not use this space.

32242

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No. 732

Township — Primary Registration District No. 2001 — Registered No.

3 City Springfield (No. Burge Hospital St. Ward)

235

2. FULL NAME Clyde Elvin Posten

6 (a) Residence, No. Mt. Grove, Mo. St., R.F.D. #3 Ward. Mt. Grove Mo R. 3
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14. 1936

7. AGE: ✓ YEARS 2 MONTHS 6 DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mountain Grove 0

FATHER
13. NAME Elvin Wilburn Posten 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloodland, Mo. 1

MOTHER
15. MAIDEN NAME Maxine Burk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koshopah, Nebraska.

17. INFORMANT (ADDRESS) Elvin W. Posten Mtn Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mtn Grove Mo DATE Sept 27, 1938

19. UNDERTAKER (ADDRESS) Bottom F. Home Mtn Grove Mo

20. FILED Sept 26, 1938 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-25-38, 19..., to 9-26-38, 19...

I last saw him alive on 9-25-38, 19... Death is said to have occurred on the date stated above, at 6:15a.m.

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

	Date of onset
Meningitis (pneumococcus)	9-22-38

Other contributory causes of importance:

19a

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

What test confirmed diagnosis? Spinal flow 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? no

If so, specify .....

(Signed) Urban J. Busick, M. D.

(Address) 200 E Pershing Springfield, Mo