

REC'D DEC 19 1938

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

Dr Robert Miller

39149

Do not use this space.

1. PLACE OF DEATH

(a) County Madison 2 Registration District No. 315
(b) Township 1 Primary Registration District No. 2001 Registered No. 829
(c) City Springfield (d) Street No. 948 Mt Vernon St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence No. 948 Mt Vernon 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

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) St Louis Mo

13. NAME Capt Chas Bowen

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

15. MOTHER'S NAME Martha M Crowder

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

17. INFORMANT (ADDRESS) Anna Owen

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery No 6

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm H. Hines

20. FILED Nov 6 1938 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 26 1938 to Nov 5 1938

Last saw him alive on Nov 5-38 Death is said to have occurred on the date stated above, 2300 AM

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

Chronic Nephritis

Other contributory causes of importance:
Acute Nephropathy
causing anuria

Date of onset

24
ago

Name of operation None 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? No Date of injury _____, 1938

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 None

Nature of injury _____

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

If so, specify _____

(Signed) Robert Miller M. D.

(Address) 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.