

DEC 5 1938

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

Do not use this space.

39339

1. PLACE OF DEATH

County *Hawell* Registration District No. *385*
Township _____ Primary Registration District No. *4228*
City *Willow Springs* (No. _____) St. _____ Ward _____

2. FULL NAME *Robert Everett Street*

(a) Residence, No. *408 West High* 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 *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 *Gertrude Harris Street*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 *2* *11*

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

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

10. Date deceased last worked at this occupation (month and year) *Sept. 23, 1936* 11. Total time (years) spent in this occupation *30*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Willow Springs, Missouri*

13. NAME *William Andrew Street*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clayton, Missouri*

15. MAIDEN NAME *Josephine Hallett*

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

17. INFORMANT (ADDRESS) *Mrs. Lizzie Street, Willow Springs, Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *Nov-30-1938*

19. UNDERTAKER (ADDRESS) *Burns & Son, Willow Springs, Mo*

20. FILED *11-30-38* *Nahelle Steigman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-28-1938*

22. I HEREBY CERTIFY, That I attended deceased from *9-20-1938* to *11-28-1938*

I last saw him alive on *11-27-1938*. Death is said to have occurred on the date stated above, at *3:00 p.m.*

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

Broncho-pneumonia

Date of onset *11-24-38*

Other contributory causes of importance:
Acute appendicitis
Chr. Myocarditis
Chr. Nephritis

9-18-38
1935
1935

Name of operation *hepatectomy* Date of *9-20-39*

What test confirmed diagnosis? *clinical* 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) *J. J. Callahan*, M. D.

(Address) *Willow Springs, 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.

FEB 28 1949

