

REGD APR 13 1939

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

10849
Do not use this space.

1. PLACE OF DEATH

(a) County Green Registration District No. 316
(b) Township _____ Primary Registration District No. 2001
(c) City Springfield (d) Street No. _____ Registered No. 264
City Hospital 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. _____ St. R # 3
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1871

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
✓ 68 1 4

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. Laborer
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) Mo 0

13. NAME William Pitts 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ruby Thompson
Detroit Mich.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Mar 30 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Campbell
867 Wash. Ave

20. FILED Mar 29 1939 Charl A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to _____, 19____
I last saw him dead March 27, 1939. Death is said to have occurred on the date stated above, at 12:10 pm.
The principal cause of death and related causes of importance were as follows:

Comminuted fracture of right tibia; Fracture of right arm and fracture of skull Date of onset _____

Other contributory causes of importance: none

Name of operation none Date of March 27 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? Accident Date of injury Mar 27 1939
Where did injury occur? Sunshine and Holland, Springfield
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway
Manner of injury Struck by automobile (as pedestrian)
Nature of injury automobile accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. Ferguson M. D.
Address 1004 E. Elm

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.

WRITE PLAINLY, WITH ONE WORD TO A LINE

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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, _____

J. A. Campbell

or by _____

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

Signed _____

J. A. Campbell

Licensed Embalmer No. _____

1747

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.