

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24067

SEP 28 1927

1. PLACE OF DEATH

County Greene

D. Rowbery 318

Registration District No.

Township

Primary Registration District No.

City Springfield

(No. Springfield Central Hospital St. Ward)

File No.

Registered No.

5-37

2. FULL NAME

(a) Residence. No. 1322 W. Rowbery St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Ernie Shaw

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

Dec 18-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

8

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8-27-1927

17. I HEREBY CERTIFY, That I attended deceased from Aug-22-1927 to 8-27-27-1927

that I last saw him alive on 8-27-27 and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis

10 1/2 (duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Infection - Septicemia (duration) yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1. DID AN OPERATION PRECEDE DEATH?

2. WAS THERE AN AUTOPSY?

3. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Moore, M. D.

19 27 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Harold H. Carrall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Matilda E. Lach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Mrs. Geo. H. Carrall (Address) 1382 W. Rowbery St.

15. FILED 9/3 27 O. G. Horst REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Greenwood

DATE OF BURIAL

8-29-27

20. UNDERTAKER

W. H. Harsh

ADDRESS

W. H. Harsh

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.

