

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

Do not use this space.

26950

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. Y001

City Springfield (No. 65th W. Weaver)

File No.

Registered No. 535

St.

Ward)

2. FULL NAME

(a) Residence, No. 650 N. Weaver St.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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 W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22 1925

7. AGE

YEARS 2

MONTHS 6

DAYS 10

If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work chief

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo

(STATE OR COUNTRY)

10. NAME OF FATHER Wm Ray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Marie McKay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.

(STATE OR COUNTRY)

14.

INFORMANT Wm Ray

(Address) 650 N. Weaver Ave.

15.

FILED 9/3/27

19. October 1926

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2-27

19 27

17.

I HEREBY CERTIFY, That I attended deceased from

19. 9-2-27

19. 27

that I last saw him alive on 7-2-27, 19. 27 and that death occurred, on the date stated above, at 8 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction following
hypertension

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) 10

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. Armstrong

M. D.

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.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Crematory

DATE OF BURIAL 9-5-27

20. UNDERTAKER W. H. Parson

ADDRESS Mo. Ave.

Mo. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

