

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

Do not use this space.

26985

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. Hospital

City Springfield

(No. Durg)

File No. ....

Registered No. 553

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Springfield no. R#3 Ward 3

(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)**

single

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

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

May 19 - 1925

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

2

12

**8. OCCUPATION OF DECEASED**

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

Child at Home

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

J.C. Chrisman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

M.E. Carter

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

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT

(Address)

J.C. Chrisman  
Springfield, Mo. R#3

**15.**

FILED

19

28 October 1928

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Aug. 1 1928

**17.**

I HEREBY CERTIFY That I attended deceased from Aug. 1 1928, to Aug. 1 1928, that I last saw him alive on Aug. 1 1928, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute enterocolitis  
1201 / 148

**CONTRIBUTOR (SECONDARY)**

**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? clinical

(Signed) Arthur DeKorabh, M.D.

8-1, 1928 (Address) 450 1/2 E. 6th

\*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**

DATE OF BURIAL

Webb Cemetery Aug 2 1928

**20. UNDERTAKER**

ADDRESS

J.W. Klingner & Co. 42 1/2 E. 6th Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

SEP 5 1928

