

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

Do not use this space

15840

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2901
 City Springfield (No. 430) St. Springfield Ward

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 430 St. Douglas 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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1st 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greene Co. Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER J. B. Stevens
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co. Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Harriington
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Co. Missouri
 (STATE OR COUNTRY)

14. INFORMANT Dr. Raymond Stevens
 (Address) 430 St. Douglas

15. FILED 5-5-30 1930 Lon D. Harp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 25 1930, to May 4 1930, that I last saw him alive on May 3 1930, and that death occurred, on the date stated above, at 4-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Croupous pneumonia right lung and acute myocarditis
108
130 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Davis M. D.

May 3, 1930 (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cem DATE OF BURIAL 4/6 1930

20. UNDERTAKER Hermon R. Remyer ADDRESS Springfield

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.

MAY 26 1930

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