

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

1442

399

1. PLACE OF DEATH

County Jackson
 Township Jean
 City R. E. Reno (No. 229)

Registration District No. 1000
 Primary Registration District No. 1000

File No. _____
 Registered No. 274
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1926 Freemant St. 17 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Waller Springs</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 9 - 1876</u>		
7. AGE <u>5-5</u>	YEARS <u>0</u>	MONTHS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Printer</u>		(b) General nature of industry, business, or establishment in which employed (or employer) <u>Printer</u>
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1930 to 1-18, 1931 that I last saw him alive on 1-18, 1931, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach & colon involving gall bladder
 (duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (SECONDARY) 4613
 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/13-31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical + exam
 (Signed) O. R. Probst, M. D.
1109, 1931 (Address) 6235 E. W.

*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) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER F. B. Springs

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

12. MAIDEN NAME OF MOTHER Sarah Jones

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

14. INFORMANT (Address) Mrs. Mabel Springs
1926 Freemant

15. FILED 1/19 1931 M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Quindaria Cem. DATE OF BURIAL Jan 19 1930

20. UNDERTAKER Rose Henderson ADDRESS City

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 UNFADING INK—THIS IS A PERMANENT RECORD

