

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

Do not use this space.

21173

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2401 Registered No. 498  
 5 City Springfield Mo Springfield Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ Oscola mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
17 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Famer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 18 1931 11. Total time (year) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collins mo.

13. NAME W. Sherman Cloud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Clemmie Jane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oscola mo

17. INFORMANT Mr S. Cloud (ADDRESS) Oscola mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oscola Cemetery June 29 1931

19. UNDERTAKER H. R. L. ... (ADDRESS) Springfield mo

20. FILED 6-29 1931 for Sharp Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1931

22. I HEREBY CERTIFY That I attended deceased from June 18 1931, to June 29 1931  
 (last saw him alive on June 29 1931). Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

Appendicitis gangrenous with quind peritonitis  
12 1/2  
12 1/2  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation Appendectomy Date of June 18 1931  
 What test confirmed diagnosis? Cloud Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_

(Signed) Don O. Selsby, M. D.  
 (Address) Springfield mo

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 24 1931

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