

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

Do not use this space.

28018

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. 1041 N. Harrison)

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 590  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1041 N. Harrison 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**

SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Carrie Clement</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R.P. Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R.P. Shops</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 10, 1931  
I last saw him alive on Aug 10, 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:  
Dilation of heart following chronic valvular heart disease  
Date of onset Aug 7-31

Other contributory causes of importance:  
Valvular heart trouble following an attack of influenza 1927

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? no 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? No  
If so, specify \_\_\_\_\_  
(Signed) Robert Williams, M. D.  
(Address) Springfield Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Richard Clement</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Ms. Carrie Clement Springfield, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highwood Cemetery</u> DATE <u>Aug 11 1931</u>	
19. UNDERTAKER (ADDRESS) <u>J.W. Wagner &amp; Co. Springfield Mo.</u>	
20. FILED <u>se 10 1931</u> <u>Don Sharp</u> Registrar.	

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

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.

SEP 22 1931

593