

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

Do not use this space.

31044

Burd

1. PLACE OF DEATH

County Greene Registration District No. 18
Township Springfield Primary Registration District No. 18
City (No. Springfield Hospital) (Ward)

File No. _____

Registered No. 704

2. FULL NAME

(a) Residence, No. 424 Beach St., Ward. (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.

OCT 22 1937

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>— — —</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>— Death —</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-20-1830</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>4</u>
	DAYS <u>6</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>Child</u>	
	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)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Sta.</u>		
FATHER	13. NAME <u>Carl Rule</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Shirley Budy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Chas Rule mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield mo</u> DATE <u>Apr 30 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Burdy</u>		
20. FILED <u>5-26 1937</u> <u>John Sharp</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 - 1937 to Sept 26 - 1937. I first saw him alive on Sept 26 - 1937. Death is said to have occurred on the date stated above, at 11 P. m. The principal cause of death and related causes of importance were as follows:
Crushed skull - Accidental
210 G death

Date of onset _____

Other contributory causes of importance:
210

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 9/26 1937
Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury bar barked over head
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. A. Burdy, M. D.
(Address) Springfield, Mo.

WHITE 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.

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