

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 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19237

1. PLACE OF DEATH

County Garrison
 Township Springfield
 City Springfield

Registration District No. 318
 Primary Registration District No. 2001
 (No. 2236 Rogers Ave)

File No. _____
 Registered No. 438
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2236 Rogers Ave St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
✓	60	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 4 Houswife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Mo.

13. NAME J.P. Montgomery

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

15. MAIDEN NAME Mary Mabry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Miss J. Montgomery 2236 Rogers Ave Spfld.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rogerswood DATE 6-21

19. UNDERTAKER (ADDRESS) W.T. Harris Springfield

20. FILED 6-21 1932 Ralph Whangton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on 6/16 1932. Death is said to have occurred on the date stated above, at 2:30 p.m. The principal cause of death and related causes of importance were as follows:

Senility
162 / 62
 Other contributory causes of importance: ①

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? _____ 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? _____
 If so, specify not related
 (Signed) W.T. Harris, M. D.
 (Address) Springfield

