

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.

JAN 23 1933

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

Feller
Do not use this space.

39313

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Ray Primary Registration District No. 2304 Ramsey
City Springfield (No. 2304)

File No. _____
Registered No. 940
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2304 Ray 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1870
7. AGE YEARS 62 MONTHS 0 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Well Driller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operating Drilling Machinery
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 Jose Rowden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn _____

15. MAIDEN NAME Elizabeth Able

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn _____

17. INFORMANT Matte Rowden (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery DATE 1-3 1933

19. UNDERTAKER W. Kingner & Co. (ADDRESS) Springfield, Mo.

20. FILED 1-3 1933 Alpheus Tangle Registrar. (Address) Springfield, Mo.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1932 to 12-31 1932
I last saw him alive on 12-31 1932. Death is said to have occurred on the date stated above, at 10 pm.
The principal cause of death and related causes of importance were as follows:

Streptococcus Blood
Streptococcus Infection of the
injected muscle with
recent pyemia, followed
by streptococcus infection 12-28-32

Other contributory causes of importance:
Streptococcus
115A
153B
35

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 _____
(Signed) C. P. Feller _____, M. D.

