

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

Do not use this space.

*D. Slesky*  
1067

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 209 File No. \_\_\_\_\_  
 City Springfield (No. 1029 of Springfield St. Registered No. 31 Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1029 Ferguson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Wm M. Couchman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
31 6 5

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

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) Best Mo

13. NAME Ed Lydall

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

15. MAIDEN NAME Emma Helton

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

17. INFORMANT John M. Couchman (ADDRESS) 1029 S. Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE Greene DATE Jan 14 1933

19. UNDERTAKER H. H. Hinkle (ADDRESS) Springfield, Mo.

20. FILED 1-13 1933 Ralph W. Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1933, to Jan 11 1933,  
 I saw him alive on Jan 11 1933. Death is said to have occurred on the date stated above, at 7:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
23 A 23  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Wm. B. Slesky, M. D.  
 (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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