

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

Do not use this space.

1063

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5439
 City Springfield (No. #10)

File No.
 Registered No. 77
 St. Ward)

2. FULL NAME

(a) Residence, No. #10 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF /
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1932
 7. AGE YEARS 0 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant at Home
 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) Mo.

13. NAME Virgil Alexander

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

15. MAIDEN NAME Alice Keeble

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

17. INFORMANT Virgil Alexander
 (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lawrence Cemetery DATE Jan 20 1933

19. UNDERTAKER (ADDRESS) J. W. Kington #10 Springfield Mo.

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

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1933 to Jan 19 1933
 I last saw him alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11 A
Flu or grippe
 Other contributory causes of importance: Flu or grippe
Possibly a tuberculous pneumonia?

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?
 If so, specify John W. Willard M. D.
 (Signed) John W. Willard (Address) Springfield

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.

WHAT'S NEW WITH UPDATING INFORMATION THIS IS A PERMANENT RECORD

