

MAR 24 1934

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

Do not use this space.

4579

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Complete

Primary Registration District No. 2001

City Springfield mo (No. West Stone Hotel)

File No. \_\_\_\_\_  
Registered No. 106  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 1830 N. Glenstone 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Baker

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him deceas on 2-10, 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1870

to have occurred on the date stated above, at 3 P m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 10 22

Date of onset

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

General wound of head  
107  
Other contributory causes of importance: 107

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Henry Weeks

What test confirmed diagnosis? 40 Was there an autopsy? no

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

15. MAIDEN NAME Reba Confort

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 2-10, 1934 Where did injury occur? Springfield - Green St. W. Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Mary Wagoner

Manner of injury 38 Cal. Karpeneys

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Feb 14 1934

Nature of injury wound of head

19. UNDERTAKER (ADDRESS) Lloyd W. Ford

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_ (Signed) Oliver A. Beggs M. D.

20. FILED 2/12 1934 Ralph W. Langston Registrar.

(Address) Springfield mo

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.

362

92

