

MAY 20 1936

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

Do not use this space.

14791

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME.....

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

single

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

✓

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

April 6-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

0

0

0

6 1/2

OCCUPATION

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

Infant

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.

MOTHER

13. NAME

Vincil Westland

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lynn
Tex.

15. MAIDEN NAME

Harriett Prescott

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Springfield
Mo.17. INFORMANT
(ADDRESS)Vincil Westland
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hazelwood

DATE

April 7 1936

19. UNDERTAKER
(ADDRESS)J. W. Kingler, 24 60
Springfield, Mo.

20. FILED

4-7-1936

Ralph W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from

4-6 1936 to 4-6 1936

I last saw him alive on 4-6 1936. Death is said

to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Probable intracranial
hemorrhage.

Name of operation.....

Date of

What test confirmed diagnosis? Oculid

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

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).....

(Address).....

M. D.

A. E. Hoover
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.

