

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.

*Dr. Alder*  
Do not use this space.

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

FEB 27 1937

919

1. PLACE OF DEATH  
39 County *Greene* Registration District No. *318*  
3 Township *Greene* Primary Registration District No. *2801*  
6 City *Springfield Mo. Bunge Hospital* (Ward)  
2. FULL NAME *Baby Daughter of Virginia Griffith*  
(a) Residence, No. *1919 Summit St.* 1. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*  
4. COLOR OR RACE *white*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 2, 1937*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, *13* hrs. or *35* min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) *Springfield Mo.*  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME *Virginia Griffith*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*  
17. INFORMANT *Virginia Griffith* (ADDRESS) *Springfield Mo.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Woods* DATE *Jan 4 1937*  
19. UNDERTAKER *Anna Lamme* (ADDRESS) *Springfield Mo.*  
20. FILED *Jan 4 1937* *Chas. A. George* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 2 - 1937*  
22. I HEREBY CERTIFY, That I attended deceased from *1/2/37*, 19, to *1/2/37*, 19, I last saw him alive on *1/2/37*, 19. Death is said to have occurred on the date stated above, at *2:20 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Asphyxia of newborn*  
Date of onset *1/2/37*  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) *A. E. Alder*, M. D.  
(Address) *Springfield Mo.*

