

APR 21 1937

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

Do not use this space.

11926  
Jesse  
0229  
Ward

1. PLACE OF DEATH

County Springfield Registration District No. 318  
Township Springfield Precinct Registration District No. 2001  
City Springfield Precinct Baptist Hospital

File No. \_\_\_\_\_  
Registered No. 0229 Ward

2. FULL NAME

(a) Residence, No. 1012 1/2 Street, \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the status) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1922

7. AGE YEARS 14 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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 Earl Anderson

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

15. MAIDEN NAME Margaret Hansen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oshtemo Ia

17. INFORMANT (ADDRESS) Earl Anderson

18. BURIAL, CREMATION OR REMOVAL PLACE Springfield DATE 3/19 1937

19. UNDERTAKER (ADDRESS) Wauson Mortuary

20. FULL NAME Earl Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1937, to Mar 19 1937

I last saw h. at alive on Mar 17 1937. Death is said to have occurred on the date stated above, at 10 a.m.

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

Chromocystitis and Empyema following Labor Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 108

Name of operation Chest drained Date of Mar 10 1937  
What test confirmed diagnosis Culture as 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) Wardwell M. D.  
(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.

17

~~1937-3-17~~  
~~104-8-7~~  
~~1927-12~~

1927-12

104-8-7

1937-3-17