

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 20 1937

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

Wakeman
Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 16367
Township Springfield Primary Registration District No. 2001 Registered No. 0344
City Springfield St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2140 N. Douglas Ward. _____
(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.

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 19-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 3

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. at home
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.

FATHER
13. NAME Guy Morley

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

MOTHER
15. MAIDEN NAME Eva Wilson

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

17. INFORMANT (ADDRESS) Guy Morley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Green Lawn April 23 1937

19. UNDERTAKER (ADDRESS) J.W. Klagel, 450 Springfield Mo.

20. FILED April 22 1937 Chas. George Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19-37, 19____, to 4-22-37, 19____. I last saw him alive on 4-22-37, 19____. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Immaturity (6 1/2 months)
Infant
19

Other contributory causes of importance: Syphilis in mother

Name of operation None 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? No 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. No

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. Newton Wakeman, M. D.
(Address) Springfield Mo.

