

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

Wm. J. Smith
Do not use this space.
Dr. J. D. James
20078

JUN 2 1937
 1. PLACE OF DEATH
 County *Madison* Registration District No. *318*
 Township *St. John's Hospital* Primary Registration District No. *2091*
 City *Springfield, Mo.* St. *1* Ward *1*
 2. FULL NAME *Infant Son Mr. & Mrs. Clagett R. Offutt*
 (a) Residence, No. *732 E. Harrison* Ward *1*
 (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 *Male*
 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) *May 25 1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as splinner, 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, Missouri*
 13. NAME *Clagett R. Offutt*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shannon, Missouri*
 15. MAIDEN NAME *Radia Bacon*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mt. Vernon, Missouri*
 17. INFORMANT *Mr. Clagett R. Offutt*
 (ADDRESS) *Springfield, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Cypress Lawn* DATE *May 26 1937*
 19. UNDERTAKER *Chris Lammeyer*
 (ADDRESS) *Springfield, Mo.*
 20. FILED *May 26 37* *Chas. A. George*
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25 1937*
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. ~~him~~ alive on _____, 19____. Death is said to have occurred on the date stated above, at *7:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Permaternity
22nd wk.
still born
 Other contributory causes of importance:
 Name of operation Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 anyway related to occupation of deceased? _____
 If so, specify _____
 (Signed) *Frank S. Jones*, M. D.
 (Address) *Springfield, Mo.*

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

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