

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

Do not use this space.

JUN 2 1 1937

20115
35

1. PLACE OF DEATH

County Greene Registration District No. 321 File No. 35
Township Clay Primary Registration District No. 5444 Registered No. 1
City Rt. 2 Rogersville, Rogersville, Mo. Rt. 2 St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Rogersville, Mo. 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

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)

7. AGE YEARS 75 MONTHS DAYS If LESS than 1 day, hrs. or 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS) Alma L. Payne

20. FILE May 18 1937 Mrs. Pearl Hughes Mitchell Registrar. (Address) Springfield, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1937

22. I HEREBY CERTIFY That I attended deceased from March 15 1937 to March 15 1937

I last saw h. not known alive on not known, 19 1937 Death is said to have occurred on the date stated above, at not known m.

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

Cerebral Hemorrhage Date of onset not known
He had two previous attacks.

Other contributory causes of importance:
See 1

Name of operation See 1 Date of not known

What test confirmed diagnosis? See 1 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? See 1 Date of injury not known, 19 1937
Where did injury occur? See 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See 1
Nature of injury See 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify See 1
(Signed) M. D. Patterson, M. D.

Coroner of Greene County, Mo.

