SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township Howell
City ~~West Plains, Mo.~~ (No. ..... , ... St. ..... Ward)

Registration District No. 386
Primary Registration District No. 5535

File No. 30843
Registered No. .....

2. FULL NAME JESSE PEARL SPRINGER
(a) Residence, No. West Plains, Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lila Wooldridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28, 1873

7. AGE: YEARS 64 | MONTHS 1 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed Mill Ralston-Purina Co.
10. Date deceased last worked at this occupation (month and year) Oct. 1936
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark County, Missouri

FATHER
13. NAME: Lucian Springer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary McCoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Leo Springer, (Brother) Davenport, Iowa.

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn Cem.
PLACE West Plains, Mo. DATE Aug. 26, 1937

19. UNDERTAKER (ADDRESS): Hal Thornburgh West Plains, Mo.

20. FILED 8-26, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28-, 1937, to 8-24-, 1937
I last saw him alive on 8-24-, 1937. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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) Ele Bohrer, M. D.
(Address) West Plains, 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.