

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

Do not use this space.

2829

1. PLACE OF DEATH

County GREENE

Registration District No. 316

Township SPRINGFIELD

Primary Registration District No. 2001

City SPRINGFIELD

No. 601 W. Idalmadge

File No. 97

Registered No. 97

St. Ward

2. FULL NAME

(a) Residence, No. 601 W. Idalmadge St. Ward.

(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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida M. Watson

22. I HEREBY CERTIFY, That I attended deceased from 1 - 30, 1938 to 1 - 31, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 - 1859

I last saw him alive on 12/10, 1937. Death is said to have occurred on the date stated above, at 3:25 p.m.

7. AGE YEARS 79 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Senility 1 yr.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenn, I

13. NAME W. W. Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenn, I

15. MAIDEN NAME Roxana Larance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenn, I

17. INFORMANT Ida M. Watson (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Hazelwood, Mo. DATE Feb 2, 1938

19. UNDERTAKER W. W. Linsinger & Co. (ADDRESS) Springfield, Mo.

20. FILED Feb 2, 1938 Chas. A. George, M.D. Registrar

Name of operation no 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.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) A. F. Freeman 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH