

REC'D MAR 24 1938

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

Do not use this space.

6794

1. PLACE OF DEATH

County GreeneRegistration District No. 316

Township

Primary Registration District No. 2001

City

Springfield(No. Pythian Home)

File No.

Registered No. 154

St. _____ Ward)

2. FULL NAME

(a) Residence, No. Pythian Home St. _____ Ward. 100

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 20, 1858

7. AGE

84

YEARS

1028MONTHS
DAYS
If LESS than 1 day,hrs. ormin.

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

Painter

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)

Penna.

13. NAME

No Record

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

UK

15. MAIDEN NAME

No Record

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

UK

17. INFORMANT (ADDRESS)

E. A. Gay
Pythian Home

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boonville, Mo DATE Feb. 20, 1938

19. UNDERTAKER (ADDRESS)

Chas. W. George
Springfield, Mo.

20. FILED

Feb 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov 30 1937 to Feb 17 1938I last saw him alive on Feb 17 1938 Death is saidto have occurred on the date stated above, at 11:20 AM

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

Chronic Bronchial Asthma

Date of onset

Not known

Other contributory causes of importance:

SenilityName 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? _____ 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) Kulland Beaty, M. D.(Address) 330 Med at BldgSpringfield 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.

