

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

Do not use this space.

33211

1. PLACE OF DEATH

County Linn
Township Springfield
City Springfield

Registration District No. 318

File No. 681

Primary Registration District No. Springfield Hospital

Registered No. 681

(No. Springfield Hospital)

St. Mo.

Ward

2. FULL NAME

(a) Residence. No. Casselle 12001 St., Mo. Ward.

Length of residence in city or town where death occurred 13 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Child

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

Nov. 8 - 1914

7. AGE

YEARS 13

MONTHS 0

DAY 0

IF LESS THAN 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Elsworth Limberger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mrs. Whittington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

Elsworth Limberger
Casselle 12001

15. FILED

11/8 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 8 - 27

17.

I HEREBY CERTIFY, That I attended deceased from 11 - 5 - 1927 to 11 - 8 - 1927 that I last saw him alive on 11 - 8 - 1927, and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

CONTRIBUTORY (SECONDARY)

acute appendicitis (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH Yes DATE Nov 6.

19. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

11/8 - 1927 Springfield Mo
Willis J. Smith, M.D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ruby Mo.

11 - 9 - 27

20. UNDERTAKER

ADDRESS

W. H. Harvey

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

1927

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