

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

Do not use this space.

27490

1. PLACE OF DEATH

County Sumner Registration District No. 318
 Township Springfield 2nd District Registration District No. 2004
 Precinct (No. 200) Springfield Baptist St. Haystack Ward

File No. _____
 Registered No. 585

2. FULL NAME

(a) Residence, Bellevue 2nd St., _____ Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OF RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Bessie Wheeler
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 47 (74) unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Business Merchant
 (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) Ill

10. NAME OF FATHER Chute & Fowler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Mary Spangle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

14. INFORMANT C. Fowler
 (Address) Bellevue 2nd

15. FILED 8-12-29 Gou Sharp
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 - 1929

17. I HEREBY CERTIFY That I attended deceased from July 15 to Aug 11, 1929
 that I last saw him alive on July 11, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary of coronary
45

CONTRIBUTORY (SECONDARY) aga
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Sely union no
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 1 - 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. Crook, M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellevue DATE OF BURIAL Aug 13 1929

20. UNDERTAKER W. J. Ramsey ADDRESS Springfield

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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