

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

Do not use this space.

34186

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. 748  
Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. \_\_\_\_\_  
City Springfield (No. Springfield Baptist Hospital) \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mr. Joseph Starwood Park  
(a) Residence, No. Washington, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allene Park

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 5 9

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

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) Barry Co., Mo.

13. NAME James J. Park

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Mo.

15. MAIDEN NAME Maggie Lillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo.

17. INFORMANT Allene Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE 10-19-1931

19. UNDERTAKER J. E. Gullish and Co.

20. FILED 10-18-1931 John Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to Oct 18, 1931

I last saw him alive on Oct 17, 1931. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Appendicitis acute gangrenous - with peritonitis Date of onset About Oct 5

Other contributory causes of importance: Embolus, probably pulmonary (sudden exodus) Oct 18

Name of operation Appendectomy Date of Oct 6  
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) Geo. Callaway, 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.

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