

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

Do not use this space.

773

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2001
5 City Springfield, Mo. Baptist Hospital St. _____ Ward _____
2. FULL NAME Eugene's Ankle
(a) Residence No. Capetan, 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
Registered No. 60
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mildred Ankle
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 - 1908
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 9 29
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1/3
(b) General nature of industry, business, or establishment in which employed (or employer) 13
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Barry Co. Missouri
(STATE OR COUNTRY)
10. NAME OF FATHER Oliver Ankle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lidia Montgomery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs. Elsie Bennett
(Address) Capetan, Mo.
15. FILED 1-23-32 1932 Gov. Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to Jan 22 1932
(that I last saw him alive on Jan 22 1932 and that death occurred, on the date stated above, at 11:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - acute - (on a cardio-vascular renal process)
(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) 1/3
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Guy D. Callaway, M. D.
. 19 (Address) Springfield, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Capetan, Mo. DATE OF BURIAL Jan 23 1932
20. UNDERTAKER Alma Schmeyer ADDRESS 538 St. Louis St.
Funeral Home

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.

FEB 24 1937

V. S. NO. 2.

MARKED RESERVED FOR BINDING

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