

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

Do not use this space.

35429

1. PLACE OF DEATH

39 Greene County
3 Township
5 City *Springfield* (No. *Dodge Hospital*)

Registration District No. *318*
Primary Registration District No. *Prosp.*

File No. _____
Registered No. *815*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *X#1* St. _____ Ward. *Springfield Mo.*
(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. da.

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 *Dora Headlee*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 28-1967*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer 1*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farm*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 1*

13. NAME *Samuel W. Headlee*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 2*

15. MAIDEN NAME *Emily Armour*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

17. INFORMANT *Dora Headlee* (ADDRESS) *Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Courthouse* DATE *Nov 24 1932*

19. UNDERTAKER (ADDRESS) *W. W. Wagner & Co. Springfield, Mo.*

20. FILED *11-23-1932* *Ralph W. Langston* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 23 1932*

22. I HEREBY CERTIFY, That I attended deceased from *11/15*, 19*32*, to *11/22*, 19*32*

I last saw h. i. m. alive on *11/22*, 19*32*. Death is said to have occurred on the date stated above, at *2:00 A.* m.

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

Obstruction of Intestine
27 6 31
77 years
1911
Other contributory causes of importance: *Cancer of Intestine* (D) *1932*
Date of onset *11/21/32*

Name of operation *None* Date of _____
What test confirmed diagnosis? *None* 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? *No*
If so, specify _____

(Signed) *W. M. Taylor*, M. D.
Springfield Mo

N. B.—Every statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH

JAN 1933

1914

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Springfield Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2001 Registered No. 815-
 City Springfield (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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) M
 5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-27 1933 Ralph Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-32

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Obstruction of Intestine
460
 Other contributory causes of importance:
Cancer of Intestine
primary seat undetermined

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCASIONAL OCCASION is very important. CAUSE OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. REGISTRAR SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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