

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
CERTIFICATE OF DEATH

Do not use this space.

27049

1. PLACE OF DEATH

County JuneRegistration District No. 318Township SpringfieldPriority Registration District No. 5439City Springfield (No. R 20 No 10)

File No. _____

Registered No. 563

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. R 20 No 10 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.

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

Tom Butcher

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

April 22 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

32312

8. OCCUPATION OF DECEASED

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

at Home

(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)

Missouri

10. NAME OF FATHER

Frank Alford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Lizzie Maddux

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Tom ButcherR 20 No 10

15.

FILE

8-5-28 October 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4 192817. I HEREBY CERTIFY, That I attended deceased from 8-41928, to 8-5, 1928that I last saw her alive on 8-3, 1928, and that death occurred, on the date stated above, at 12-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema following Blind Death.146148

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

150A Albumen urine(duration) 3 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Cunningham, M. D., 19 (Address) Springfield Mo

*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

Green Lanes, Centy. Aug 6 1928

20. UNDERTAKER

ADDRESS

W. M. Klingner & Co Springfield

