

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

Do not use this space.

36549

*Woodruff*  
*Woodruff*

File No. \_\_\_\_\_  
Registered No. 775  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township \_\_\_\_\_ Precinct Registration District No. \_\_\_\_\_  
City Springfield (No. St. John Hospital)

**2. FULL NAME**

Ernest Page  
(a) Residence No. 61 1/2 Walnut 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Page

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 11 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Passenger Train  
(b) General nature of industry, business, or establishment in which employed (or employer) conductor  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

10. NAME OF FATHER Nathaniel Page

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe N.H.

12. MAIDEN NAME OF MOTHER Marian Cox

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

14. INFORMANT (Address) E. J. Page Springfield

15. FILED 12/20/27 Oct 1st mo REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18 1927

17. I HEREBY CERTIFY, That I attended deceased from 12.13.27 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw him alive on 12.7.27 19\_\_\_\_, and that death occurred, on the date stated above, at 7.20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
Bronchial  
1074 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 100A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 5 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) M. J. Armstrong, M. D.  
, 19\_\_\_\_ (Address) \_\_\_\_\_

\*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  
Hazelwood 12/21 1927

20. UNDERTAKER ADDRESS  
Alva Schmeyer 534 8th Ave

K. 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.

