Reg dis 318
Primary 2001
12276
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168

NO INCOMPLETE RETURNS ACCEPTED

PLACE OF DEATH.
COUNTY OF GREENE,
CITY OF SPRINGFIELD.
Or

Of
STATE OF MISSOURI.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH
SPRINGFIELD, MO.

Registered No. 12276

(No. 225 E Scott St. 5 Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number]

FULL NAME Narcissa J. Edwards

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PERSONAL AND STATISTICAL PARTICULARS

Sex Female | Color White

Date of Birth May (Month) 14 (Day) 1839 (Year)

Age 76 years 10 months 19 days

Single, Married, Widowed, or Divorced Widow

Birthplace (State or County) Murry Co - Tenn

Name of Father Jack Mack

Birthplace of Father (State or County) dont Know

Maiden Name of Mother Sallie Mack -

Birthplace of Mother (State or County) Virgenia

Occupation House Keeper -

How Long Resident of City 20 years -

The above State Personal Particulars are True to the Best of My Knowledge and Belief.

(Informant) Leona B. Edwards

(Address) 225 E Scott

Filed April 2 1915 Edwin F. James Registrar.

MEDICAL CERTIFICATE OF DEATH

Date of Death Apr (Month) 2 (Day) 1915 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1914 to April 1 1915 that I last saw her alive on Apr. 1 1915 and that death occurred, on the date stated above, at 2:30 P.M. The CAUSE OF DEATH was as follows:

1a Bronchial Pneumonia (Duration) 5 Days

Contributory Chronic Bronchitis (Duration) Several years Days

Signed L. E. Cox M. D.

4/2 1915 (Address) 223 South

Special Information only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? Days .....

Where was disease contracted if not at place of death? .....

Place of Burial or Removal Hazelwood Cemy | Date of Burial 4-5 1915

Undertaker Parson Mfg co | Address Springfield Mo.

NO.....

ORDINANCE NO. 4254.

Section 1. That it is hereby made the duty of all physicians practicing in the City of Springfield, Mo., to make out and deliver to the Health Commissioner of Springfield, Mo., the name, age, residence, color and sex of any person dying under their care, or on which they have attended; said report to be delivered to the Health Commissioner on the 1st day of each month, of all deaths of the past previous month. It is also made the duty of all practicing physicians in Springfield, Mo., to make out and deliver to the Health Commissioner of Springfield, Mo., the date, residence, color and sex of all births which they have attended or under care; said report to be delivered to the Health Commissioner the 1st day of each month, of all births of the past previous month.

ARTICLE XVI.

Section 259. It is hereby made the duty of every practicing physician within the city, to report in writing to the Health Commissioner, or by a communication addressed to the Board of Health, the existence of any contagious disease under his care or observation, giving name, residence and age of patient. * * * *

Any one violating the provisions of this Ordinance shall be deemed guilty of a misdemeanor and upon conviction in the Police Court shall be fined not less than Five Dollars nor more than one hundred dollars.

I,.....Health Commissioner, of the Board of Health of Springfield, Missouri, certify the within to be a correct copy of the Certificate of Death of..... .....as same appears on record in my office.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Board of Health of Springfield, Missouri, aforesaid, this.....day of.....A. D. 190....

.....

Health Officer.