

MAY 27 1927

4-5-27

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

Do not use this space.

11414

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

(No. 2315 Howard)

File No. _____

Registered No. 715

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2305 N. Boulevard 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Sept 6 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

70

6

28

8. OCCUPATION OF DECEASED

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

House work

(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)

Mo

10. NAME OF FATHER

Mr. Daniels

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mrs. A. L. Snyder
Springfield - Mo.

15.

FILED

4/5 27 Oct 27 1927 Hub
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 4 19 27

17.

I HEREBY CERTIFY, That I attended deceased from March 20, 1927, to April 4, 1927, that I last saw h. Er alive on April 4, 1927, and that death occurred, on the date stated above, at 3:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
with Cardiac Insufficiency

CONTRIBUTORY (SECONDARY)

129 W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? as above

(Signed) J. S. Tilling, M. D.

April 5, 1927 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or if 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

Maple Park Cemetery

DATE OF BURIAL

April 5 1927

20. UNDERTAKER

W. Kingner Geo
Shrin

ADDRESS

3 - 1st St
Mo.

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.

