

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

Do not use this space.

14792

JUN 27 1927

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 304
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1628 E. Commercial St., _____
(Usual place of abode) _____

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) Aug 24 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 | 8 | 019

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) Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Parish

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

14. INFORMANT Oscar B. Cook
(Address) Springfield, Mo.

15. FILED 5/14 27 OCT 1927 Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1927

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1927 to May 13, 1927 that I last saw him/her alive on May 13, 1927, and that death occurred, on the date stated above, at _____
HP

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cardio-vascular renal disease
131 (duration) yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY)

9010
(duration) yrs. _____ mos. _____ ds.

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? clinical

(Signed) Arthur D. Smith, M.D.

5-14, 1927 (Address) 500 1/2 E. Commercial

*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 Lawn Cemetery May 5 1927

20. UNDERTAKER L.W. Klingner & Co. ADDRESS Springfield Mo.

of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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