

AUG 16 1927

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

Do not use this space.

21155

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield (No. 1621 W. Atlantic)File No. H 36Registered No. H 36St. Mo.

Ward

## 2. FULL NAME

(a) Residence. No. 1621 W. Atlantic 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.

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)

married

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

Edd May

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

March 10-1882

## 7. AGE

YEARS 45

## MONTHS

4

## DAYS

1

If LESS than 1 day, hrs. or min.

## 8. OCCUPATION OF DECEASED

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

house wife

(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

C. R. Yancey

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 12. MAIDEN NAME OF MOTHER

Mary E. Gunn

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 14. INFORMANT

John H. May  
Springfield, Mo.

## 15. FILE

7/12 27 October 1927  
REGISTRAR

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

7-11 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from July 11, 1927 to July 11, 1927  
that I last saw her alive on July 11, 1927 and that death occurred, on the date stated above, at 10:15 A.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis23A(duration) 1 yrs. - mos. - ds.

## CONTRIBUTORY (SECONDARY)

31(duration) - yrs. - mos. - ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? noDID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur H. Knapp, M. D.7-11, 1927 (Address) 500 1/2 E. Corbin

\*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

Maple Park CemeteryJuly 12, 1927

## 20. UNDERTAKER

J. W. Klingenshoe, 412 E. Corbin  
Springfield, 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.

