

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

Do not use this space.

21184

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Springfield Primary Registration District No. W. Phelps

City Springfield (No. 616)

File No. _____

Registered No. #69

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 616 W. Phelps 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

Female

4. COLOR OR RACE

Colored

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

Widow

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

Unknown

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

June 1 - 1873

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|-----------|--|
| <u>54</u> | <u>1</u> | <u>25</u> | |

8. OCCUPATION OF DECEASED

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

(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) Ark.

10. NAME OF FATHER

George Burks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER

Leathy Bond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ark.

14. INFORMANT

Fannie Bond

(Address) 616 W. Phelps

15. FILED

7/27 27 OCT 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7/26 1927

17.

I HEREBY CERTIFY That I attended deceased from 6-11, 1927, to July 26, 1927 that I last saw h. Er alive on July 26, 1927 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131
92A / 290
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

High Mitral Insufficiency
(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?

(Signed) Spiegel M. D.

7-27, 1927 (Address) Springfield, Mo

*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

Hazelwood Cem.

DATE OF BURIAL

July 28 1927

20. UNDERTAKER

W. Campbell

ADDRESS

869 Wash

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.

