

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

Do not use this space.

8579

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

2 318

Registration District No. 318
Primary Registration District No. 2001

File No. 233
Registered No. 233 St. 233 Ward

2. FULL NAME

(a) Residence. No. 1410 E. McDowell 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Justin J. Harrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

10. NAME OF FATHER D. W. Hayes

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

12. MAIDEN NAME OF MOTHER Augusta Phillips

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

14. INFORMANT Jessie A. Harrell
(Address) 1410 E. McDowell

15. FILED 3-7-28 19 28 OC Horst Mc REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-7-1928, to 3-7-1928, that I last saw him alive on 3-6-1928, and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Carcinoma

CONTRIBUTORY (SECONDARY) 48 46 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 16 months ago

3 DID AN OPERATION PRECEDE DEATH? no DATE OF 16 months ago

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ch. J. Weber, M.D.
17 158 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 St. South Reno. DATE OF BURIAL 3-8-28

20. UNDERTAKER W. Horne ADDRESS Springfield

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.

1928

