

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

Do not use this space.

16800

1. PLACE OF DEATH

County Greene
Towship Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 385
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 836 Delmar St. _____ Ward _____
(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)

July 9 - 1854

7. AGE

YEARS MONTHS DAYS
73 | 10 | 17

If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

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

Unknown Viscor

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 D. G. Stark
(Address) Springfield, Mo.

15.

FILED 5-18-28
REGISTERED Oct 1st 1928

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1928

17.

I HEREBY CERTIFY, That I attended deceased from May 1927, to May 16, 1928 that I last saw h.a. alive on May 15, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

The infirmities of age together with Rheumatoid arthritis
more than a year
CONTRIBUTORY (SECONDARY) Not known
Quinch-back since childhood

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. W

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. O'Connell, M. D.

*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 Maple Park Cemetery **DATE OF BURIAL** May 18 1928

20. UNDERTAKER W. Klingner & Co., 424 Laurel St., 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.

MISSOURI STATE BOARD OF HEALTH

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