

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township CassPrimary Registration District No. 2001City Springfield

(No. _____)

File No. 26986Registered No. 554

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. 1928 N. Darnonit 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

Colord

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

Widow

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

widow

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

Unknown 1865

7. AGE

YEARS

MONTHS

DAYS

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

63Unknown

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)

3

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Herringsfield Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Granville Haydon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Emily Sawyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Charleston West Va

14.

INFORMANT (Address)

Jessie Oliver
SPRINGFIELD, MO.

15.

FILE

8/22/28
O. C. Forrest
me
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

8/2/1928
August 2, 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to July 31, 1928.
that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 5:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Enteritis
1202 (duration) 6 yrs. 6 mos. — da.

CONTRIBUTORY (SECONDARY)

Intestinal Cancer
(duration) 2 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James B. Clark, M. D.(Address) 601 N. Jefferson

*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

So Haywood CemAug 12/28

20. UNDERTAKER

H. P. Campbell

ADDRESS

869
Washington

