

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

Do not use this space.

33322

1. PLACE OF DEATH

County Frank

Registration District No. 318

File No. 33322

Township Springfield

Primary Registration District No. 7001

Registered No. 759

City Springfield

(No. Springfield Maternal Hospital St. Ward)

2. FULL NAME

(a) Residence. No. 416 S. Market 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. 6 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

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

married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Waddell

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

Sept. 2nd 1890

7. AGE

YEARS 38 MONTHS 1 DAYS 27 IF LESS than 1 day, hrs. or min.

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)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Dan McMath

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

May Dickson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Ed Waddell
(Address) 416 S. Market

15.

10-31-28 Ol. Horst Mc
FILED 19 28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-30 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 13
1928, to 10-30, 1928

that I last saw h. alive on 10-25, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis with Retrogen Retention
Myocarditis - Chronic

(duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) 4 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF BIRTH) Mo.

DID AN OPERATION PRECEDE DEATH? No DATE Mo.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Laboratory

(Signed) F. B. Baum, M. D.

31, 1928 (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

Key church DATE OF BURIAL 11-2 28

20. UNDERTAKER

W. H. Kaur ADDRESS Market

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

pyelonephritis

