FEB 21 1929

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

Do not use this space. Filling fee 1185

File No.
Registered No. 94

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 5440
City Springfield (No. Rte 9, St., Ward)

2. FULL NAME Ova Kershner
(a) Residence. No. Rte 9 Springfield 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.

39
0
0

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. ~~If Married, Widowed, or Divorced~~ ~~HUSBAND OF~~ (OR) WIFE OF: Wife Tom Kershner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29-1881

7. AGE: Years 47 | Months 5 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Greene Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Wm McCroskey
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Emma Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.

14. INFORMANT: Wm Kershner
(Address): Springfield

15. FILED 1-26 1929 C. C. Horst Mc
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Jany 25, 1929 that I last saw h. alive on Dec 2, 1928, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Pelvis of bowel 1 yr
46
46 53 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of Womb
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 4 28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Removal of Womb
(Signed) H H Willoughby M.D
-26 1929 (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: Kershner Cem. | DATE OF BURIAL: Jan 27 1929
20. UNDERTAKER: Alma Schmeyer | ADDRESS: 5345 Lou

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.