

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

Do not use this space.

**PLACE OF DEATH**

County Green Co. Farm Registration District No. 3/8  
 Township N. Leansville Primary Registration District No. 5H39  
 City Springfield (No. Greene Co. Farm) St.          Ward         

File No. 17858  
 Registered No. 420

**2. FULL NAME**

(a) Residence. No. Greene Co. Farm 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Smith

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 52 unknown

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER         

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

14. INFORMANT Mrs J K Brown  
 (Address) 311 Haystack

15. FILED 5-29-24 John Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28 1924

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1924, to May 28, 1924, that I last saw her alive on May 27, 1924, and that death occurred, on the date stated above, at          o'          m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

46D Cancer of Rectum  
 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 46D  
 IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. A. George, M. D.  
5-29, 1924 (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 Green Co Farm DATE OF BURIAL 5-29 1924

20. UNDERTAKER W J Bradshaw 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.

JUN 25 1924

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