

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

Do not use this space.

29616

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *Springfield* (No. *City 1003*)

File No.....

Registered No. *8803*

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *125 & 13* St., *22* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 26 1929*

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

17. I HEREBY CERTIFY, That I attended deceased from *Aug 24*, 1929, to *Aug 26*, 1929, that I last saw h. *alive* on *Aug 24*, 1929, and that death occurred, on the date stated above, at *11:30 P.M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 7 - 1883*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *45 11 19*

*Intestinal obstruction due to post operative adhesions*

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

CONTRIBUTORY (SECONDARY) *Previous operation was hysterectomy 5 hrs. ago. 1924 for non malignant fibroid of uterus*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. *7*

10. NAME OF FATHER *Jay Southern*

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *8/25/29*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Warruthessville Mo* DATE OF BURIAL *Aug 20 1929*

12. MAIDEN NAME OF MOTHER *Betty Libel*

20. UNDERTAKER *W. H. Meekage* ADDRESS *3125 Lafayette*

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

14. INFORMANT (Address) *City 1003*

15. FILED 19 *Mar 2 1930* REGISTRAR

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.

Lawson