

23 1929

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

33474

1. PLACE OF DEATH

County Brewer

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No. 735

City Springfield

Springfield Baptist Hospital

St. Ward)

2. FULL NAME

(a) Residence. No. Fair Grove No. St. R#4 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>0</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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 Hurst

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

12. MAIDEN NAME OF MOTHER Climer

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

14. INFORMANT Mrs. Gladys West
(Address) Fair Grove No.

15. FILED 10-10-1929 Lois Sharp

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10-1929

17. I HEREBY CERTIFY, That I attended deceased from 19.....
that I last saw her dead alive on 10-10-1929, and that death occurred, on the date stated above, at 8 a m. 210F

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Automobile accident Fall 710
from running board fracture
of skull, hemorrhage & laceration
of brain (duration) yrs. mos. 17 da.
CONTRIBUTORY accident occurred near
(SECONDARY) Fair Grove Mo. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Fair Grove, Mo
IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 8, 1929
20. WAS THERE AN AUTOPSY? no
21. WHAT TEST CONFIRMED DIAGNOSIS? 215

(Signed) Henry C Stone Crown, M. D.

Oct 10, 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 Passville Cemetery DATE OF BURIAL Oct 11 1929

20. UNDERTAKER J. W. Klingner ADDRESS Springfield Mo 424 E Commercial st

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