

MAR 25 1930

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

Do not use this space.

4715

1. PLACE OF DEATH

County Greene Registration District No. 324  
Township Roberson Primary Registration District No. 5449  
City Springfield (No. ....) St. .... Ward)

2. FULL NAME

(a) Residence. No. Blisswell, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 G. L. Millsap

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
43 4 4

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) Unknown  
(STATE OR COUNTRY)

10. NAME OF FATHER Mack Poole

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT G. L. Millsap  
(Address) Springfield, Mo.

15. FILED Feb 27 1930 Mae Saborn  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-21 1930, to 2-21 1930  
that I last saw him alive on 2-21 1930, and that death occurred, on the date stated above, at 11 o'clock 0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
General Peritonitis - ruptured diverticulum of bladder. 1930  
(duration) yrs. 1390 da.

CONTRIBUTORY Alcoholism & nephritis  
(SECONDARY) (duration) yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED Cathage, Mo.  
IF NOT A PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy by Crown  
(Signed) J. M. Williams, M. D.  
2-24 1930 (Address) Springfield

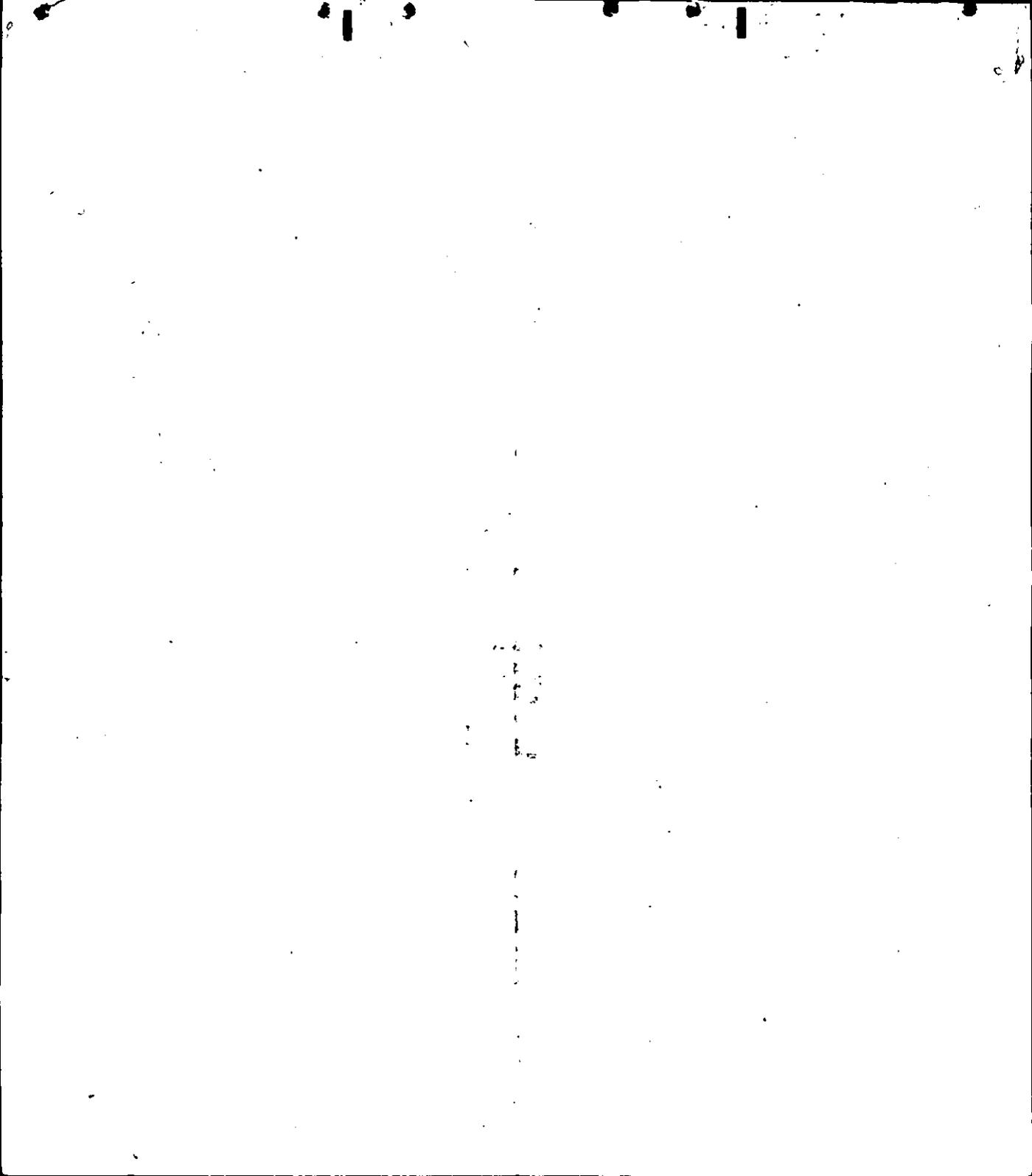
\*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waverwood Cem. DATE OF BURIAL Feb 24 1930

20. UNDERTAKER H. H. Kahomeyer ADDRESS Springfield, Mo.

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.



ated by \_\_\_\_\_, lacking from the death certificate:

Name: Mrs. Julie Milkap

Who died at: Greene County on Feb. 21, 1930,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: General Peritonitis, Ruptured diverticulum of Bladder

Contributory: Hydroureter and nephritis  
Non-puerperal

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: James William H. Cook, Health Officer

Address of physician: Sparsfield, Mo.

S-4715