APR 8 1930

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

Do not use this space.
Freeman
8372

1. PLACE OF DEATH
County: Greene — Registration District No.: 218 — File No.:
Township: Springfield — Primary Registration District No.: 2001 — Registered No.: 221
City: (No. 2020 N. Pickwick St. Ward)

2. FULL NAME: Rebecca Jane George
(a) Residence. No. 2020 N. Pickwick 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.

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: John W. George

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 10 - 1874

7. AGE: Years 55 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: W. J. Bagby
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Nancy C. Lord
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: John W. George
(Address): Springfield, Mo.

15. FILED 3-14 1930 Geo Shark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/12, 1930, to 3/12, 1930, that I last saw her alive on 3/12, 1930, and that death occurred, on the date stated above, at 2 30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Valvular heart disease
1 2 1 19
2 3 1
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. J. Freeman, M. D.
3/13 1930 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or if 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: Bellview Cemetery — DATE OF BURIAL: Mar 16 1930

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 424 E. Commercial St. Springfield Mo

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.

PERMANENT RECORD

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