

K. 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.

APR 28 1930

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

Do not use this space.

8416

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. R#6)

Registration District No. 318
Precinct Registration District No. 5439

File No. _____
Registered No. 215
St. _____ Ward _____

2. FULL NAME

(a) Residence No. R#6 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (after the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 | 10 | 17

8. OCCUPATION OF DECEASED House Wife
(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER John Carpenter

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

12. MAIDEN NAME OF MOTHER Eldora Harper

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

14. INFORMANT C. F. Jones
(Address) Springfield Mo. R#6

15. FILED 3-12, 1930 E. J. Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1930

17. HEREBY CERTIFY That I attended deceased from March 10, 1930 to March 10, 1930 that I last saw her live on March 10, 1930, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
129
(duration) yrs. mos. 10 da.

CONTRIBUTORY antenna
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 126
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) _____ (Address) 23218 Cornell

*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 Clear Creek Cemetery DATE OF BURIAL Mar 17 1930

20. UNDERTAKER J. W. Klingner ADDRESS Springfield Mo.

