

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

Do not use this space.

18735

1. PLACE OF DEATH

County Butler Registration District No. 88
 Township Neelyville Primary Registration District No. #80
 City Neelyville (No. 4054) St. 17 Ward

File No. _____
 Registered No. 17

2. FULL NAME

Geneva Townsend
 (a) Residence. No. Neelyville 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Neelyville
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER Orlando Townsend
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Neelyville
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Brothy L. Mathew
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neelyville
 (STATE OR COUNTRY) Missouri

14. INFORMANT Orlando Townsend
 (Address) Neelyville, Mo.

15. FILED 6, 23, 1930 R. T. Turner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1930 to June 22, 1930
 that I last saw h. alive on June 22, 1930, and that death occurred, on the date stated above, at 11:10 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Catarhal Pneumonia
107A (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pertussis
 (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Only clinical
 (Signed) R. T. Turner, M. D.
6, 23, 1930 (Address) Neelyville, 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 Neelyville Cemetery DATE OF BURIAL 6, 23, 1930

20. UNDERTAKER None ADDRESS _____

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.

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