

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

Do not use this space.

19146

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 20p1
 City Springfield (No. 1540 Clay Ave) St. _____ Ward _____

File No. _____
 Registered No. 447
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1540 Clay Ave 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to March 2nd 1930 that I last saw her alive on March 2nd 1930, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1866 (9)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Tuberculosis of Lung

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

CONTRIBUTORY (SECONDARY) 2 1/2 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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? _____
 (Signed) J. E. Ray M. D.
June 10 1930 (Address) Springfield, Mo.

10. NAME OF FATHER James M. Mahan

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

12. MAIDEN NAME OF MOTHER Alice Lamb

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

14. INFORMANT Myrtle Ordway
 (Address) Springfield, Mo.

15. FILED 6-11-30 For Sharp REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
St Mary Cemetery June 10, 30

20. UNDERTAKER W. W. Kingman & Co. ADDRESS Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION of DECEASED in plain terms, so that it may be properly classified. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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