

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

Do not use this space.

19152

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 2002 Oakland)

File No. \_\_\_\_\_  
 Registered No. 453  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2002 Oakland 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John M. Carty</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 19 1886</u>		
7. AGE	YEARS	MONTHS
	<u>43</u>	<u>6</u>
		DAYS <u>(19)</u>
	IF LESS than 1 day, ..... hrs. or ..... min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 11 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to June 11 1930 that I last saw h. alive on June 1 1930 and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Causes of internal & external injuries

CONTRIBUTORY (SECONDARY) hacemated curvix (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED swada mo  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 1-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) William Smith M.D.  
6-12-1930 (Address) Springfield, 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 <u>Mt. Seani</u>	DATE OF BURIAL <u>June 12 1930</u>
20. UNDERTAKER <u>J. W. Maples</u>	ADDRESS <u>Clever, Mo</u>

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

10. NAME OF FATHER William Maples

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

12. MAIDEN NAME OF MOTHER Martha Maples

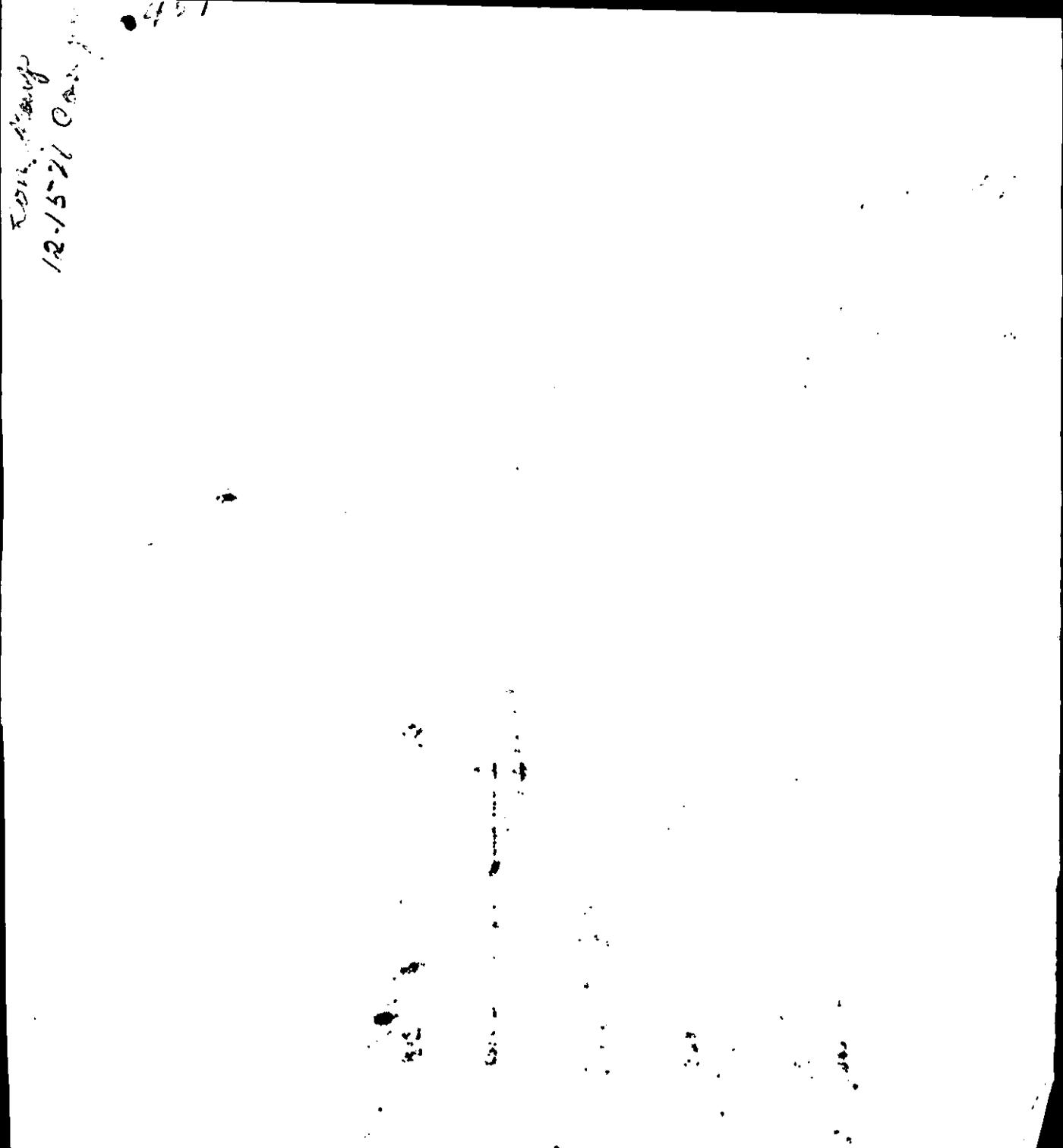
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Joseph Lambird  
 (Address) Springfield, Mo.

15. FILED 6-12-1930 For Sharp REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. PHYSICIAN'S short state state

1930  
 2002  
 318



Tom King

12-15-71

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