

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

Do not use this space.

19191

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township 223 Primary Registration District No. D. Bold
 City Springfield

File No. _____
 Registered No. 497
 _____ St. _____ Ward)

2. FULL NAME

(a) Residence. No. 223 D. Bold 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 Colored 5. SINGAE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Charlie Andrew

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
66 | 1 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Thomas George

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bessie Lynda
 (Address) 223 D. Bold

15. FILED 6-29-30 For Sharp
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 26th 1930 to June 26th 1930.
 That I last saw her alive on June 26th 1930, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
94A

CONTRIBUTORY (SECONDARY) Anginal Pectoris

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) W. S. J. June M. D.
6/29, 1930 (Address) 345 1/2 South

*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 Nazareth Cemetery DATE OF BURIAL June 29, 1930

20. UNDERTAKER W. Campbell ADDRESS 869 Wash

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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