

SEP 24 1930

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

Do not use this space.

26405

James + Webb

1. PLACE OF DEATH

County Kearney Registration District No. 318 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. C11  
City Springfield Mo St Johns Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 3245 Florence Ward \_\_\_\_\_ (If nonresident give city or town and State)  
(Usual place of abode)  
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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF A. Clas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 1.8 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wineville  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Edwin Dardo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Priscilla Freeman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Priscilla Clas  
(Address) Springfield Mo

15. FILED 5-12-30 1930 John Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 9 to Aug 11, 1930, and that I last saw him alive on Aug 11, 1930, and that death occurred, on the date stated above, at 9:55 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Surgical operation for removal of a fibroid tumor of uterus

CONTRIBUTORY (SECONDARY) Kidney insufficiency (Anuria)

18. WHERE WAS DISEASE CONTRACTED Springfield Mo  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 9

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation + clinical findings

(Signed) Stowers M. D.

5-12-1930 (Address) 700 Medical Arts Bldg.

\*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 Hazelwood DATE OF BURIAL Aug 14 1930

20. UNDERTAKER Funeral Home ADDRESS Springfield

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.

