

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.

OCT 28 1930

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

Do not use this space.

File No. **29675**
Registered No. **728**
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 268
Township N. Campbell Primary Registration District No. 5439
City Springfield (No. B#1)
2. FULL NAME Bessie May England
(a) Residence. No. B#1 St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF Ira England
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1890
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 4 6

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

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

PARENTS
10. NAME OF FATHER John Huff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Moin Dranard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Ira England
(Address) Springfield, Mo.

15. FILE 92 1930 Gore Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-26-1930
17. I HEREBY CERTIFY, That I attended deceased from 1-13- 1930 to 9-26- 1930 that I last saw her... alive on 9-26- 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis Arteriosclerotic
71A

(duration) yrs. 9 mos. 13 ds.
CONTRIBUTORY (SECONDARY) Undetermined
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. P. Zeller, M. D.

*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 Maple Park Cemetery DATE OF BURIAL Sept 28 1930

20. UNDERTAKER W. Klingner & Company ADDRESS Springfield, Missouri

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