

NOV 22 1930

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

Do not use this space.

32647

1. PLACE OF DEATH

County Greene  
Township Springfield  
City Springfield (No. 2421 East Ave)

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 795  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Belvia Clark St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Kokkonong Mrs  
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 OF (OR) WIFE OF J B Clark

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 5 3

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)

(STATE OR COUNTRY) La.

10. NAME OF FATHER W R Brown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J B Clark  
(Address) 2421 East Ave

15. FILED 10/23/30 Gene Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-23 1930

17. HEREBY CERTIFY, That I attended deceased from Oct 22, 1930 to Oct 22, 1930 that I last saw her alive on Oct 22, 1930, and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1 Typhoid fever  
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) 10/11  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Probably in country  
IF NOT AT PLACE OF DEATH brought here 2 weeks ago  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS clinical only  
(Signed) Arthur Strubbe M.D.

Oct 23, 1930 (Address) 240 1/2 E. Ave

\*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 West Plains, Mo. DATE OF BURIAL 10/24 1930

20. UNDERTAKER 424 E. Coml ADDRESS Springfield, Mo.  
W. Klingner & Co

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.

MENT RECORD

