

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

Do not use this space.

9363

1. PLACE OF DEATH
 33 County Wright Registration District No. 954
 Township York Primary Registration District No. 8368
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Birdie Freeman
 (a) Residence, No. _____ 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 sf 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF State
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 11 1.8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 9 11. Total time (years) spent in this occupation new
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co Mo
 13. NAME Birdie Chapman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co Mo
 15. MAIDEN NAME Chapman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co Mo
 17. INFORMANT (ADDRESS) Novo Johnson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Chapman Cem 19. UNDERTAKER (ADDRESS) Novo Johnson
 20. 1931 Registrar J. B. Gordon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1931
 22. I HEREBY CERTIFY, That I attended deceased from March 4 1931 to Mar 24 1931
 I last saw him alive on March 24 1931. Death is said to have occurred on the date stated above, at B. O. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Womb Date of onset _____
 Other contributory causes of importance: 48
 Name of operation None Date of _____
 What test confirmed diagnosis? Diagnosis Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Indiv Date of injury _____ 1931
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. B. Gordon M. D.
 (Address) York Co Mo

WRITE FULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

