

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2901
City Springfield (No. 2026 N. Douglass) St. _____ Ward _____

File No. _____
Registered No. 291
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2026 N. Douglass 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 John H. Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 26 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME Merideth P. Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER 15. MAIDEN NAME Mary Moffitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3

17. INFORMANT (ADDRESS) Mrs. A. J. Sperry

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill Cemetery DATE April 12 1931

19. UNDERTAKER (ADDRESS) W. H. Ringler & Co

20. FILED 12 19 31 John Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1931, to 4/10 1931.
I last saw her alive on 4/9 1931. Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia from 4/6 31.
11x Broncho Pneumonia
10x

Other contributory causes of importance: Fallacy of legal 4/3 31

Name of operation none Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none 19 _____

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. F. Freeman M. D.

(Address) 200 1/2 E. Camp
Springfield, Mo.

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