

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.

21124

437

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 001
 City _____ (No. Springfield Harpard) St. _____ Ward _____
 2. FULL NAME Mrs. Edna Hicks
 (a) Residence, No. Forsyth St. no. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Y 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilber Hicks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1906
 7. AGE YEARS 24 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Ark
 MOTHER FATHER
 13. NAME C. D. Chauvey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Ark
 15. MAIDEN NAME Ann Chauvey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Ark
 17. INFORMANT C. D. Chauvey (ADDRESS) Forsyth mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Snag Quarry DATE 6-8 1931
 19. UNDERTAKER R. C. Wheeler (ADDRESS) Forsyth mo
 20. FILED 6-8 1931 For. Thayer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th 1931
 22. I HEREBY CERTIFY, That I attended deceased, from June 5 - 1931, to June 7 1931
 I last saw her alive on June 7, 1931 Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
General Peritonitis Date of onset June 3rd
1393
129
 Other contributory causes of importance:
Tubo-ovarian abscess 3-4 wks
 Name of operation Removal of abscess
 What test confirmed diagnosis? gross & smears of pus Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 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? no
 If so, specify _____
 (Signed) Wilbur Bennett M. D.
 (Address) Springfield mo

JUN 20 1931

Dr. Wilber

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Springfield
Township Springfield
City Springfield (No. _____)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 737
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) 11. Total time (years) spent in this occupation _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. FILED 6-8-31 For Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

General peritonitis Date of onset _____

Other contributory causes of importance:

Tubo ovarian abscesses
Indurated

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-21124