

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

Do not use this space.

21177

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Camptell

Primary Registration District No. 200L

Springfield Mo. (No. 777) College st

File No. _____
Registered No. 502
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 777 College St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
57 - 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Mo!

FATHER 13. NAME J. N. Holaday

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

MOTHER 15. MAIDEN NAME Elizabeth Allen

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

17. INFORMANT (ADDRESS) Mrs. P. A. Rose

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Cemetery DATE July 1, 1931

19. UNDERTAKER (ADDRESS) Flay & Co - 127 W. Walnut

20. FILED 6-30-31 For Sharp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from February 30, 1930 to June 29, 1931
I last saw her alive on June 27, 1931. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Pulmonary Tuberculosis Date of onset _____
23A
93C 23
Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? Physical Exam 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? _____
If so, specify _____

(Signed) J. Newton Wakeman M. D.
(Address) Holland Bldg, Springfield Mo.

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. JUL 24 1931

