

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

Do not use this space.

28052

Wash

1. PLACE OF DEATH

County *Greene*
Township *Springfield*
City *Springfield* (No. *Burge Hospital*)

Registration District No. *318*
Primary Registration District No. *2091*

File No. _____
Registered No. *630*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1623 Summit Ave* 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 25-1884*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>46</i>	<i>10</i>	<i>4</i>	

OCCUPATION

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) *unknown*

MOTHER FATHER

13. NAME *John Honeburg*

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

15. MAIDEN NAME *Mary Emaline Gill*

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

17. INFORMANT *Lois Scott*
(ADDRESS) *1623 Summit, Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *Aug 31, 1931*

19. UNDERTAKER (ADDRESS) *W. W. Hughes & Co. Springfield, Mo.*

20. FILED *8-31, 1931* Registrar *W. J. Wash*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-29-1931*

22. I HEREBY CERTIFY, That I attended deceased from *8-27, 1931*, to *8-29, 1931*
I last saw him alive on *8-29, 1931*. Death is said to have occurred on the date stated above, at *3:00 p.m.*
The principal cause of death and related causes of importance were as follows:

Date of onset

acute Bouts 129 122B
obstruction 8-24
resulting from 29

Other contributory causes of importance: *Pelvic adhesions*
Name of operator *W. J. Wash* Date of _____
What test confirmed diagnosis *Physician* Was there an autopsy? *Yes*

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) *W. J. Wash*, M. D.
(Address) *Springfield, Mo.*

WRITE PLAINLY, 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.

SEP 22 1931

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