

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

Do not use this space.

31016

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Camphell Primary Registration District No. 2001
 City Springfield (No. Springfield Hospital) St. _____ Ward _____

File No. _____
 Registered No. 667

2. FULL NAME

(a) Residence, No. Republic, Mo. 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) widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Okedown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 57
 7. AGE YEARS 74 MONTHS 4 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Scott Know

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

15. MAIDEN NAME Martha Parker

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

17. INFORMANT (ADDRESS) Ottie Whittege, 205 Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Chapel DATE 9/10 1931

19. UNDERTAKER (ADDRESS) R. E. Lippman, 1212 W. 11th St.

20. FILED 9-96 1931 John Sharp Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1931, to Sept 9 1931

I last saw h.u. alive on Sept 9 1931 Death is said to have occurred on the date stated above, at 6:15 pm.

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

Hypostatic bronchopneum 9/6/31
186 A
194 B
107 A
 Other contributory causes of importance:
Intracapsular fracture
right femur 3/2/31

Name of operation _____ Date of _____
 What was confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 8/7 1931
 Where did injury occur? near Bulawayo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped on step + fell
 Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Robert Glynn, 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.

OCT 22 1931

676